

Duke University
Volunteer or Unpaid Intern Release of Liability and Waiver Claim

I, _____, understand that:
(print name of volunteer/unpaid intern)

I hereby certify that participation in this Duke program is entirely voluntarily and I am aware of, have discussed, and assume/accept all risks associated with and inherent in the program activities.

I understand that I may be exposed to or receive an injury participating in this volunteer program. I am responsible for all costs associated with any exposure or injury incurred and Duke University is in no way responsible for these expenses.

As an authorized volunteer or unpaid intern, I understand that I will be acting on behalf of Duke University and I will conduct my activities accordingly. I have read and agree to the terms and conditions of my volunteer activities outlined in the policy, and further understand that for my personal safety, I must follow all applicable University policies and procedures and the directions of the faculty member or University employee overseeing my activities.

Signature of Volunteer/Unpaid Intern

Date

Signature of Parent/Legal Guardian (if under age 18)

Date

Thank you for your interest!

Please return completed application / waiver form to the Sponsoring Manager to be maintained in the Department.