Volunteer Release

As a volunteer participant in , (EVENT NAME)
on , at Arkansas State University, I recognize and
(EVENT DATE)
acknowledge that certain risks of personal physical injury, property damage, or other losses exist.
I agree to assume all risks of any such personal injuries, property damages, or other losses that I may sustain as a result of my participation in this event.
I do hereby fully release and discharge Arkansas State University, its officers, agents and employees from any and all claims for personal injuries, property damages or other loss that I may suffer on account of my participation in this event.
I further agree to indemnify and hold harmless Arkansas State University, its officers, agents and employees from all claims, suits, actions, injuries, damages, and losses sustained by me and arising out of, connected with, or in any way associated with my participation in this event.
I HAVE FULLY READ AND UNDERSTAND THE FOREGOING.

Name (Print)
Signature _____
Date _____

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