

**WEST VIRGINIA UNIVERSITY  
HEALTH SCIENCES CENTER CAMPUS  
ACADEMIC VISITORS/VOLUNTEERS RELEASE**

I, \_\_\_\_\_, desire to participate as an Academic Visitor/ Volunteer ("Visitor") in the \_\_\_\_\_ Department at West Virginia University Health Sciences Center Campus ("WVU") with \_\_\_\_\_ (host professional level faculty or staff) from \_\_\_\_\_ to \_\_\_\_\_.

**1. Purpose.**

I understand that there is neither compensation nor benefits nor academic credit for this Visitor position. I understand that I am not an employee of the University and will not be entitled to receive salary, benefits, or any other form of compensation in connection with this experience. I further understand that I will not be entitled to unemployment compensation or workers' compensation and shall not be subject to any provision of law related to state employment. I further understand that the Visitor's involvement in this experience may be terminated at any time for any reason.

**2. Risks and Responsibilities**

I understand that, although the Visitor will be supervised by professional level faculty or staff, there may be inherent risks to life, health, and property. I understand these risks and agree to volunteer with full knowledge and acceptance of the risks.

**3. Medical Insurance and Authorization**

I hereby represent and warrant I am covered by a policy of comprehensive health and accident insurance, which provides coverage for injuries and illnesses. I agree to report to WVU at the time of my execution and delivery of this form any physical or mental that may require special medical attention or accommodation. I consent to any medical treatment that may require as a result of participation in the volunteer activity. I accept full responsibility for the costs of any medical care received during or as a consequence of participation as Visitor/Volunteer.

I also recognize that although I *may* qualify for coverage under the University's comprehensive general liability insurance policy, the University cannot, and hereby does not, guarantee any such coverage in connection with this experience.

**4. Compliance and Termination**

The Visitor must comply with any and all applicable University policies, procedures, and safety protocol as well as any and all applicable laws and regulations, and will be expected to follow the direction of University staff. A violation of any rule, regulation, policy, or law could result in termination of the visiting/volunteer experience.

5. **Release**

To the extent allowable by law, I hereby WAIVE any claim I may have at any time based on my participation as a Visitor. Specifically, I hereby RELEASE, DISCHARGE, and AGREE NOT TO SUE the State of West Virginia; West Virginia University, including any component of the University, and its Board of Governors, officers, employees, students and agents; medical personnel employed by WVU; and the heirs, predecessors, successors, and assigns of all the persons and organizations listed here, for any damages associated with my child's participation in this experience. I fully release all of these persons and organizations from any liability whatsoever. My waiver of rights includes giving up any claim that I may have, and any claim that any other person may have based on my child's participation, including, but not limited to, parents, spouses, children and other relatives; my estate, personal representative or guardian; and insurers. My waiver releases all of the persons and organizations listed here from all liability, claims, demands, causes of actions, losses or damages, whether known or unknown, for bodily or personal injury or death, or damage to or loss of property, or any other injury, damage or loss of any kind, resulting from, arising out of, or in any way related to my child's participation, including any claim based on actual or alleged negligence, gross negligence, intentional, or reckless behavior.

I understand and hereby acknowledge that my participation as a Visitor is wholly voluntary. Further, I have read this form in its entirety and I understand it fully. By signing it, I agree to all the terms of this document and acknowledge that the terms of this Release will be construed and enforced in accordance with the laws of the State of West Virginia. I understand that I may not volunteer without my consent and that all of the releases, authorizations, and statements made in this document apply to me as a full participation as an Academic Visitor/Volunteer at WVU.

Volunteer/Visitor: \_\_\_\_\_ Date: \_\_\_\_\_

Host Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair/Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. The Visitor should keep a copy of this form.
2. The Department listed in the first paragraph of Page 1 should keep a copy of this form.
3. The Department listed in the first paragraph of Page 1 should scan this form and email a copy to [alemmon@hsc.wvu.edu](mailto:alemmon@hsc.wvu.edu).