

**DELAWARE VALLEY UNIVERSITY
Center for Learning in Retirement (CLR)
EMERGENCY CONTACT AND RELEASE**

Emergency Contact Information Date

Name: _____

Address: _____

Phone day: _____ evening: _____ cell: _____

E-mail: _____

In case of an emergency, contact:

Name: _____ relationship: _____

Address: _____

Phone day: _____ evening: _____ cell: _____

E-mail: _____

Any allergies, medications, or other information needed in an emergency:

Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20__, by _____ (the "volunteer or intern") in favor of **Delaware Valley University**, a nonprofit corporation, and its directors, officers, employees, and agents.

The volunteer/intern desires to work as a volunteer for **Delaware Valley University** and engage in the activities related to being a volunteer/intern for The Center for Learning in Retirement (the "activities"). The volunteer/intern understands that the activities may include: **Activities related to instruction including but not limited to intermittent and/or long term**

standing, sitting, stooping, carrying materials, handling and using technology and equipment.

The volunteer/intern hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. **Release and Waiver.** Volunteer/Intern does hereby release and forever discharge and hold harmless **Delaware Valley University** and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arises or may hereafter arise from volunteer's or intern's activities with **Delaware Valley University**.

Volunteer/Intern understands that this release discharges **Delaware Valley University** from any liability or claim that the volunteer/intern may have against **Delaware Valley University** with respect to any bodily injury, personal injury, illness, death or property damage that may result from volunteer's/intern's activities with **Delaware Valley University**. Volunteer/Intern also understands that **Delaware Valley University** does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

2. **Medical Treatment.** Volunteer/Intern does hereby release and forever discharge **Delaware Valley University** from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the volunteer's/intern's activities with **Delaware Valley University**.

3. **Assumption of the Risk.** The volunteer/intern understands that the activities may involve work that may be hazardous to the volunteer/intern, including, but not limited to,

N/A _____

and transportation to and from the work sites. Volunteer/Intern hereby expressly and specifically

assumes the risk of injury or harm in the activities, and releases **Delaware Valley University** from all liability for injury, illness, death, or property damage resulting from the activities.

4. Insurance. The volunteer/intern understands that, except as otherwise agreed to by **Delaware Valley University** in writing; **Delaware Valley University** does not carry or maintain health, medical, or disability insurance coverage for any volunteer/intern. **Each volunteer/intern is expected and encouraged to obtain his or her own medical or health insurance coverage.**

5. Term. This Release is effective for the duration of the period from **Monday, 2.5.18 to Friday, 5.27.18.**

6. Other. Volunteer/Intern expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Pennsylvania. Volunteer/Intern also agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer/Intern has executed this Release as of the day and year first above written.

Volunteer/Intern: _____

Witness: _____

Date: _____