

Group/Department/Organization Name:

Assumption of Risk and Liability Release

I am a volunteer at the University of Mississippi and plan to volunteer my services during “Move In” at the University of Mississippi during the period of August 16-18, 2017.

I understand that under the Doctrine of Sovereign Immunity, the University of Mississippi has limited legal liability for damages or injuries to me or my property that may occur during my participation in “Move In”. I acknowledge that the University of Mississippi does not maintain medical or liability insurance which would cover me or my property while participating in “Move In”. I further recognize that the University is not obligated to provide any such insurance coverage for me.

I understand and acknowledge that during my participation in “Move In,” I will engage in activities including but not limited to unloading and moving boxes, unloading and handling student belongings, as well as handling and unloading furniture. I also understand and am fully aware that participation in “Move In” involves risks of personal injury including, but not limited to, the possibility of strains, sprains, fractures, neck or back injuries and other possible injuries which could possibly lead to my disability, paralysis or death. In full recognition of the dangers and hazards posed by volunteering my services during “Move In,” I hereby assume all risks and responsibilities surrounding my participation in the “Move In.”

As consideration and in exchange for the University granting permission to participate and volunteer during “Move In,” for myself and my heirs, beneficiaries, and personal representatives, I **release, absolve, and hold harmless** the University, its administrators, faculty, staff, employees and agents from any and all claims or actions I have or will have for any and all accidents, injuries, loss of property, or death that may occur while participating in “Move In”. I further covenant on my own behalf and on behalf of my heirs, beneficiaries, and personal representatives, not to sue the University, its administrators, faculty, staff, employees or agents for accidents, illnesses or injuries which might befall me during my participation in “Move In”.

I verify that I have no physical disabilities or impairments that might inhibit my ability to participate in “Move In” or that present a danger to myself or others.

I hereby grant and convey unto the University of Mississippi all rights, titles, and interest in any and all photographs and video or audio recordings of me, image or voice, made by any employees of the University of Mississippi during “Move In”, including but not limited to the right to use such photographs or recordings for any purpose and to any royalties, process, or other benefits derived from them.

I certify that I am eighteen (18) years of age or older.

I warrant that I have carefully read this entire Assumption of Risk and Liability Release, and understand all of its terms, and that I am competent to sign this Assumption of Risk and Liability Release.

By Signing this Document, I Acknowledge and Represent That I Have Read the Foregoing Release, Understand its Contents, and Sign it Voluntarily.

Signature:

Full Name:

Date: