



***DEVIATE FROM THE COURSE OF MY VOLUNTEER DUTIES.***

5. I understand that as a volunteer I will not be entitled to any employee benefits. I understand that CSU will not provide me with accident or medical insurance and is therefore, not responsible for any accident or medical expenses I incur in the course of volunteering. I also understand that I am not covered by workers' compensation laws in connection with my Volunteer Duties and that it is in my best interest to obtain my own medical insurance before participating in my Volunteer Duties. I understand that if I utilize my personal vehicle, CSU does not provide comprehensive or collision insurance for my personal vehicle.
6. I agree not to disclose any confidential information concerning research subjects, unpublished research data, and other confidential information of which I may learn in the course of my Volunteer Duties. I acknowledge and agree that any intellectual property I create in the course of my activities as a volunteer shall be the property of the CSU.
7. My performance of the Volunteer Duties is purely voluntary and I agree to assume all risk associated therewith. I do hereby release, waive, discharge and covenant not to sue Columbus State University and the Board of Regents of the University System of Georgia and their employees, officers, members and agents (collectively, "CSU et al") from all liability, loss, damage, or claim resulting from my negligence, recklessness, or intentionally wrongful conduct in the performance of my Volunteer Duties. I also agree to indemnify and hold CSU et al harmless from all claims, demands, causes of action, actions, judgments or other liability including reasonable attorneys' fees arising out of, resulting from or in connection with my negligent, grossly negligent, reckless, or intentionally wrongful conduct in the performance of my duties as a Volunteer or that arise as a result of my status as a Volunteer.

**By submitting this form, I, \_\_\_\_\_, attest and affirm that the information provided on the Volunteer Application is true and accurate.**

I agree

I am a parent or guardian of  
the Volunteer Applicant

Approved by:	
Head of Sponsoring Department	Date
Yes No Background Check Required	

If you have questions regarding the volunteer form or need additional information, please call or email Shanita Pettaway at 706.507.8904/pettaway.shanita@columbusstate.edu or Ric Barrow at 706.507.8233/barrow.richard1@columbusstate.edu