The University of North Carolina at Chapel Hill
Office of Human Resources – Employment and Staffing Department

RELEASE OF LIABILITY FOR UNPAID VOLUNTEERS AND UNPAID INTERNS

THIS SECTION: APPOINTING DEPARTMENT USE ONLY

Volunteer/Intern Name		**Proposed Activity:** ☒ **Volunteer** ☐ **Unpaid Intern**	
Department Name	NC BOTANICAL GARDEN		
Department Number	525000	**Is Volunteer/Intern under the age of 18?** *(If yes, parent or guardian must sign below.)*	☐ YES ☐ NO
Description of Volunteer's/ Intern's Activity or Service	(THIS DESCRIPTION MUST MATCH THAT ON THE VOLUNTEER REQUEST FORM) WEEDING AND PLANTING AT CAROLINA CAMPUS COMMUNITY GARDEN - OUTSIDE WORK		

THIS SECTION: VOLUNTEER/UNPAID INTERN USE ONLY

INSTRUCTIONS: *UNC-CH's mission involves a variety of teaching, research, and public service activities. As an unpaid volunteer or unpaid intern, you play an important role in supporting our mission while at the same time gaining experience which will be personally rewarding. For insurance and risk management purposes, UNC-CH requires that you carefully read and agree to the following terms. The term "UNC-CH" means The University of North Carolina at Chapel Hill (along with its directors, officers, employees and agents acting within the course and scope of their duties). "I", "Volunteer/Intern" or "me" means you, the intended unpaid volunteer or unpaid intern. We appreciate your interest in serving The University of North Carolina at Chapel Hill and welcome you as a member of our community!*

I, Volunteer/Intern, hereby freely, voluntarily and without duress, execute this Release of Liability under the following terms:

1. I am providing service to UNC-CH voluntarily, without pressure of coercion, for educational, civic, charitable or humanitarian reasons and without expectation of payment, reimbursement, or future paid employment of any kind.
2. I understand that UNC-CH will not cover me by any insurance including, but not limited to, medical, property, health, liability insurance or workers' compensation benefits, nor will any financial or other assistance be provided in the event of injury or illness.
3. I agree that my service may be terminated at any time and for any reason by UNC-CH or by me.
4. In consideration of the opportunity to provide unpaid service to UNC-CH, I do hereby release and forever discharge and hold harmless UNC-CH from any and all liability, claims, and demands of whatever kind or nature which arise or may hereafter arise from my service. I understand that this Release discharges UNC-CH from any liability or claim that I may have against it with respect to any bodily injury, personal injury, illness, death, property loss or property damage that may result from my service.
5. I understand and acknowledge that potential risks to my health and personal property may be associated with my service to UNC-CH and I voluntarily assume those risks. I release and forever discharge UNC-CH from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service I receive in connection with my service to UNC-CH.
6. I have consulted with my health care provider regarding my pre-existing health conditions (such as insect, food or medication allergies) and will provide myself with any appropriate medication to treat these health problems. I hereby release and forever discharge UNC-CH from any claim whatsoever arising from any complication or exacerbation of any such health condition.
7. I grant UNC-CH permission to reproduce my name, likeness, identity, voice, image, and oral or recorded statement in any publication or media intended for research, educational, promotional, fundraising or similar purposes without compensation of any kind. I hereby waive and release UNC-CH from any claim or liability relating to any such use.
8. I agree to comply with all UNC-CH policies (*e.g.*, the Patent and Invention, Copyright and Acceptable Use Policies) while using UNC-CH facilities or resources, and I acknowledge that all UNC-CH policies apply to my activities at and service to UNC-CH.
9. This Release of Liability shall be binding and enforceable against me and my successors, assignees, heirs, guardians and legal representatives. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina and that this Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. I agree that, in the event that any clause or provision of this Release shall be held to be invalid, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

I have carefully read this Release. I understand that in signing this document, I am giving up significant legal rights in exchange for being able to serve UNC-CH as an Unpaid Volunteer or Unpaid Intern.

Name of Volunteer/Intern	Signature of Volunteer/Intern	Date
Name of Parent or Guardian (*If Volunteer/Intern is under age of 18*)	Signature of Parent or Guardian (*If Volunteer/Intern is under age of 18*)	Date
Name of Volunteer's/Intern's Supervisor	Signature of Volunteer's/Intern's Supervisor	Date

**** DEPARTMENTS MUST MAINTAIN THIS RELEASE ON FILE FOR THREE (3) YEARS FOLLOWING COMPLETION OF UNPAID ASSIGNMENTS ****