



ASSOCIATED STUDENTS AT SACRAMENTO STATE UNIVERSITY VOLUNTEER AGREEMENT

- I, _____, agree to work for ASSOCIATED STUDENTS, INC. (ASI) as a volunteer on _____ [name project, activity or special event] from _____(date) to _____(date) [timeframe of project].
- I understand that I will earn no wages or benefits and will not be entitled to unemployment insurance benefits upon the termination of this agreement or as a result of this service.
- I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 25 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
- I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM COVERED BY ASI ACCIDENT INSURANCE. I authorize ASI to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer.
- I understand that the materials and tools provided by ASI are and remain the property of ASI, and I agree to return these tools and any remaining materials to ASI at the end of my volunteer service.
- I understand that if I am working with Minors I may be subject to a background check and live scan.
- I grant permission to ASI its employees and agents and California State University, Sacramento and its employees and agents, to take and use visual/audio images of me. I agree that ASI and California State University Sacramento owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as ASI/University-sponsored websites, publications, promotions, broadcasts, advertisements, posters and theater slides as well as other ASI/University uses. I waive any right to inspect or approve the finished images or any printed or electronic matter than may be used with them, or to be compensated for them.
- This is the entire agreement between the parties. It replaces and supersedes any and all oral agreements between the parties, as well as any prior writings.

Email: _____ Phone Number: _____

Mailing Address: _____

Date

Volunteer Signature

Printed Name

Volunteer Date of Birth

Date

Associated Students, Inc., Director or ASI Volunteer Coordinator

Printed Name

*If volunteer is under 18 years of age, parent or guardian must read and sign the following:
This release, its significance, and assumption of risk have been explained to and are understood by the minor.*

Date

Parent or Guardian of Volunteer Signature

ASSOCIATED STUDENTS INC. PHOTOGRAPHIC, VISUAL, AUDIO, IMAGE RELEASE

I grant permission to Associated Students Inc. at California State University its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. ASI at Sacramento State will not materially alter the original images. I agree that ASI at Sacramento State owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as ASI/university-sponsored web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-ASI/university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release Associated Students Inc. at California State University and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning and impact, and I freely accept the terms.

Printed Name: _____

Signature: _____

Date: _____

ACKNOWLEDGEMENT AND AGREEMENT FOR A MINOR

I acknowledge that I have been fully informed of the risks and dangers involved in photographic publication of my own or my child's photograph, images of my/their personal likeness and video/audio.

I acknowledge that I have read, agree, and fully understand the above Warning, Waiver, Assumption of Risk and Release of Liability.

PARTICIPANT NAME (Print): _____

SIGNATURE (if 18 years old or older): _____ Date: _____

NAME OF PARENT LEGAL GUARDIAN: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ Date: _____

Participant's Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____