



Rutgers Gardens
School of Environmental and Biological Sciences
Rutgers, The State University of New Jersey
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Adult Volunteer Waiver Form

Personal Information

Name:	Phone:	
Address:		
City:	State:	Zip Code:
Email Address:		

Emergency Contact Information

Name:	Phone:	
Address:		
City:	State:	Zip Code:
Email Address:		

By signing below, you agree to the following:

Volunteer Agreement

- I certify that I am 18 years old or older.
- I understand that participation is voluntary, and it is at my own risk.
- I certify that I am physically able to participate in the activity and know of no disability that would prevent my participation.
- I understand that participation involves interactions with other individuals and can increase my exposure to COVID-19.
- I certify that the information given in my volunteer application is true, complete, and correct and has been given voluntarily.
- I understand that volunteering takes place in an outdoor environment, in which there is a possibility to encounter unfortunate events of nature.
- I understand that participation in volunteer activity involves performing general gardening tasks including but not limited to: weeding, raking, planting, pruning, digging, and lifting.
- I understand that participation in volunteer activities might include interacting with and assisting visitors to the Gardens and confirm that in such interactions I will act professionally.
- I assume full responsibility for all my personal property.
- For any activity that I engage in which is not scheduled by Rutgers' staff, I assume full responsibility for my engagement in the said activity.
- I understand that Rutgers Gardens reserves the right to place volunteers in an area or program best suited to the needs of the organization and the volunteer's skills.

- I understand that no volunteer position is guaranteed, and that volunteer positions may be terminated by Rutgers Garden’s administrators in consultation with or under the direction of the SEBS’ Executive Dean.
- I understand I have the right to decline an offered volunteer position and also have the right to leave a volunteer position at any time.
- I understand that I will not be paid for my services as a volunteer.
- I confirm I will adhere to all volunteer program guidelines and as informed by my volunteer leaders and Rutgers Gardens’ staff.
- If I do not agree to all terms on this form, I understand that I am not allowed to participate in the Rutgers Gardens volunteer program.

Volunteer Waiver and Release

- Notwithstanding these risks, I, for myself, and assigns do waive, release and discharge Rutgers, The State University of New Jersey, its governors, trustees, officers, employees and agents from any and all claims, demands, actions, causes of actions, costs and expenses for and by reason of any personal injury, property damage, loss and expense, which heretofore have been or hereafter may be sustained or suffered by me in consequence of and as a result of a certain accident, casualty or event or my presence or activities in connection with this activity. I also agree to indemnify and hold harmless Rutgers for injuries sustained either by me and/or caused by me to others during this activity. Furthermore, I acknowledge that the risks outlined above are not intended to be all-inclusive and voluntarily accept all risks known or unknown.

Authorization for Emergency Medical Care and Provision of Health Insurance Information

- I hereby give consent for Rutgers Gardens to summon any and all professional emergency personnel to attend, transport and treat me in case of a medical emergency.
- I agree to assume financial responsibility for all expenses of such care.
- I understand that as part of volunteering at Rutgers Gardens I have to provide proof of health insurance on an annual basis at the beginning of each volunteer season. Rutgers Gardens will keep this information secure and confidential.
- I understand that personal and health insurance information may be disclosed to any party with legal interest, and I release Rutgers University from any liability whatsoever for supplying such information.

I agree to the terms as outlined above:

Volunteer Signature: _____ Date: _____

Printed Name: _____

Instructions: Print out, fill in and sign this form, provide the original signed agreement by hand or mail to the Main Office at Rutgers Gardens together with a copy of the front and back of your health insurance card.

Office use only:

Staff member processing form:
Letter of acceptance sent to volunteer,
date:

Form received date:
Volunteer accepted position?
Form sent to Rutgers Risk Management, date: