



ADULT VOLUNTEER AND PERSONAL ASSUMPTION OF RISK AGREEMENT

The College relies on the goodwill and support of its volunteer service providers in a variety of areas, especially at Starlight Theatre. The following recites the terms and conditions of my voluntary service:

As an adult who intends to volunteer for participation in the following activity on the premises of Rock Valley College: Starlight Theatre

Starlight Theatre - **Voluntary Actor/Crew/Participant as assigned by authorized representatives of Rock Valley College**, I understand and accept that participation in the Project *requires* **(1)** my attentive personal responsibility, and **(2)** my personal assumption of risks of bodily injury and other losses.

I, _____, understand and accept the general and specific personal risks of bodily injury, illness, death or other loss involved with this Project. In consideration of Rock Valley College’s permitting me to participate in this Project, I agree, to the fullest extent allowed by law, to waive, release and hold harmless, Rock Valley College, its Board of Trustees, employees, volunteers or agents from any and all causes of action, grievances, suits, damages and expenses for any injury, illness, death or damage of any nature or kind, resulting from my volunteer service to Rock Valley College for the above named Project. By signing this Agreement, I acknowledge that the College does not provide insurance to volunteers for any loss, injuries, illness or death resulting from my unpaid service to the College.

I agree to read and abide with any Safety Rules applicable to my participation in this Project. I attest and certify that I am over 18 years of age, and to the best of my knowledge and belief that I am physically fit to participate in the Project. Based on these representations on which all representatives of Rock Valley College may legally and morally rely without qualification, I request permission to participate in the above-named College Project.

I understand my work in this role will be subject to the same standards of oversight and performance that are applicable to regular employees. Accordingly, I will have access to college facilities and resources as provided and coordinated by department and college administrators. It is understood that my volunteer services under this Agreement are not covered by the State’s workers’ compensation program. My signature below confirms my acceptance of these terms and conditions, and my agreement to provide this service on a volunteer basis.

Offered by: Christopher Brady Director, Theatre Arts Park

Authorized Administrator _____ Date _____

Accepted by (you): Print Name Here _____

Volunteer Participant’s Signature

Date