

# Informed Consent Agreement

## Community Involvement Center – Volunteer Program

This is an Informed Consent Agreement, which identifies risks of participating in a Weber State University event, course or program, and a Waiver and Release for participants.

The undersigned is registered as a student volunteer participating in volunteer community service and does hereby agree to this waiver and release.

I recognize that my participation with the Community Involvement Center may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. I certify that I have medical insurance or otherwise agree to be personally responsible for costs of any emergency or other medical care that I might receive. I agree to release the State of Utah, Weber State University and their agencies, departments, officers, employees, agents, and all sponsors, officials and staff or volunteers from the cost of any medical care that I receive as a result of my participation in activities associated with the Community Involvement Center.

I understand that I will be traveling between the campus and the community agency. I agree to secure motor vehicle insurance as required by state law, and assume financial responsibility for any damages or collisions that may result.

I will abide by the established rules and practices outlined in the Memorandum of Understanding between Weber State University and the agency(s) for whom I perform volunteer work. I agree to release the State of Utah, Weber State University, their agencies, departments, officers, employees, agents and all sponsors, officials and staff or volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature arising out of my participation in activities associated with the Community Involvement Center.

### CONSENT

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

**I have carefully read and understand the contents of the foregoing language. I specifically intend it to cover my participation with Weber State University's Community Involvement Center.**

Name \_\_\_\_\_ W# \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_

If you are in a service learning class, please provide the following information for proper documentation:

Course #: \_\_\_\_\_.

Section #: \_\_\_\_\_.

Please return completed form to SU 327.