



VOLUNTEER RESEARCH AGREEMENT AND RELEASE

In exchange for the opportunity to volunteer for Seattle University, you agree to the following terms and conditions:

1. I will be performing volunteer work for the University without any expectation or contemplation of pay. I am donating my services of my own free will because of my interest in supporting Seattle University and its mission.
2. I understand that I am not an employee of the University and I have no expectation of an employment relationship, whether express or implied.
3. I understand that I will not receive any wages, compensation or University benefits in exchange for my volunteer service. In addition, I understand that I will not be reimbursed for any personal expenses, such as parking or meals that I incur in performing my volunteer work, unless an authorized University official approves the expenses in advance.
4. I understand that my volunteer service is not for a fixed period of time and that the University may release me as a volunteer without prior notice and for any reason.
5. I understand that the supervisor will determine the duties and responsibilities associated with my volunteer service.
6. I agree to follow the directions of the supervisor and comply with University policies and procedures when carrying out my volunteer service.
7. I understand that the University pays a monthly premium to the State of Washington Board of Industrial Insurance that provides workers' compensation insurance for volunteers. If I am injured, I am responsible for my own health care costs, whether or not covered by industrial insurance. On behalf of myself, my heirs, and my representatives, I agree to release, indemnify, and hold harmless Seattle University and its trustees, officers, agents, employees, volunteers, and students from any and all liabilities, damages, or claims of any nature that arise out of or are related to my volunteer service, including traveling to and from the service location or related activities.
8. To the extent I am not a citizen or permanent resident of the United States, I certify that I have an appropriate visa status that authorizes me to be present in the United States and participate in this volunteer experience.
9. I will not remove or disclose any proprietary or confidential information, without prior written consent from the University.
10. I agree that all inventions, improvements, discoveries, software and writings, whether patentable or copyrightable, that are conceived, made, discovered or written jointly or solely by myself, during the period of volunteer activities at the University or as result of the volunteer activities, shall belong solely and exclusively to the University.

I agree to disclose promptly in writing to the University all such inventions, improvements, discoveries, software and, without additional compensation of any kind,

shall execute all papers necessary to establish the University's rights in such inventions, improvements, discoveries, software and writings; secure patents and other intellectual property rights in the same, and protect and defend such rights.

11. This Volunteer Research Agreement and Release is the entire agreement of the parties with respect to this matter. No representations have been made or relied on by either party, other than those expressly provided for in this agreement

RELEASE

I release Seattle University and its trustees, officers, employees, agents, and representatives from any and all claims, demands, damages or rights of action for any injuries or property damage or loss I suffer arising out of my participation in the volunteer activities described in this agreement.

I understand the terms and conditions of this agreement and am signing this agreement of my own free will.

Volunteer Signature: _____

Printed Name: _____

SU Student: Yes No SU ID #:

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: (____) _____

Emergency Contact (Name & Phone): _____

This section completed by Volunteer Supervisor
(Please complete all sections and email to Chandra Catron at catronc@seattleu.edu)

Program / Department: _____

Supervisor Name and Title: _____

Volunteer Activities and Duties: _____

Service Start Date: _____ Service End Date: _____

Department Head Signature: _____

Date: _____ Printed Name: _____