

VOLUNTEER REGISTRATION FORM



Volunteers like you are essential to the operation of the Kreher Preserve & Nature Center.
Thank you for donating your time and effort!

Volunteer Organizer's Full Name: _____

Phone Number: _____ Email Address: _____

Group Information:

Name of Organization / Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Date(s) of Volunteer Service:

Volunteers:

(please list every person volunteering with your group – every volunteer listed is bound by the terms on the back of this document)

NAME	EMAIL/PHONE NUMBER	NAME	EMAIL/PHONE NUMBER
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(if necessary, attach additional forms)

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As a volunteer for the Kreher Preserve & Nature Center, you will have the responsibility of representing the KPNC as well as Auburn University and its School of Forestry and Wildlife Sciences. You will be expected to conduct yourself in an honorable, ethical, considerate, respectful, and lawful manner at all times, on and off Auburn University property, when associating with KPNC and Auburn University faculty, staff, students, and volunteers, as well as visitors to the KPNC and all other Auburn University facilities, and the general public.

KPNC Management, its advisory board, and the leadership team of the School of Forestry and Wildlife Sciences reserve the right to dismiss any volunteer at any time for any reason, with or without prior notice, and with or without notification of justification. This document must be completed and signed by all persons doing any volunteer work for the Kreher Preserve & Nature Center, on or off Auburn University property. If the person is under the age of 18, this document must be signed by his or her legal guardian.

Have you or anyone in your volunteer group ever been criminally convicted of a felony or any type of child abuse?

(if so, please list the name(s) and describe the offense(s))

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.

I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of Auburn University. I understand that neither Auburn University, nor any of its colleges, schools, departments, or subsidiaries are providing insurance coverage for me. By signing below, I agree to record and report to the Kreher Preserve & Nature Center (hereafter "KPNC") staff the precise hours that I spend volunteering.

I acknowledge, understand, and appreciate that as a volunteer for the KPNC there are dangers, hazards, and inherent risks to which I may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that volunteering may involve risks and dangers, both known and unknown, and have elected to volunteer. Therefore I voluntarily accept and assume all risk of injury, loss of life, or damage to property arising out of training, preparing, participating, and traveling to or from the Kreher Preserve & Nature Center's operations.

I hereby release Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the KPNC Staff, and all other officers, directors, employees, volunteers, and agents (hereafter "Auburn") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to me or loss that I may suffer while training, preparing, participating, and/or traveling to or from the KPNC. This agreement is binding on my heirs and assigns.

I furthermore release, indemnify, and hold harmless Auburn from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss, or liability for injury to person or property that I may suffer, for which I may be liable to any other person, that may or does arise out of my volunteering at the KPNC. I understand that Auburn accepts no responsibility for my personal property.

In the event of an accident or serious illness, I hereby authorize representatives of Auburn to obtain medical treatment for me. I hereby hold harmless and agree to indemnify Auburn from any claims, causes of action, damages, and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to me that may occur while volunteering for the KPNC.

This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage, or loss as a result of my volunteering at the KPNC, shall be brought only in Lee County, Alabama.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself but also the successors, heirs, representatives, administrators, and assigns of myself.

By signing below, the volunteer organizer listed above accepts responsibility for ensuring that the terms of this agreement are upheld by himself/herself and all other volunteers listed on this form.

Volunteer Organizer Name: _____

Volunteer Organizer Signature: _____ Date: _____

Deposit completed form in mail slot in KPNC office door or mail to KPNC, 602 Duncan Dr, Auburn, AL 36830.