

VOLUNTEER WAIVER FORM

I, _____ understand and agree with the following conditions concerning services performed by me as a Volunteer:

It is understood that Volunteers are not covered by the New Jersey Workers Compensation Act (this does not apply to a statutory exception for volunteer ambulance drivers).

It is understood that if a Volunteer is injured while performing services on Rutgers premises, the University will provide, at the time of injury, reasonable emergency medical treatment for that injury without charge, regardless of apparent fault; and it is also understood that the provision of emergency medical service does not constitute an admission of liability on the part of Rutgers.

Signature of Volunteer _____

Signature of Supervisor _____

Department _____

Date ____ / ____ / _____

If you have any questions or concerns, please contact the Human Resources Generalist assigned to your school or unit.

For the Stratford/Camden campuses, please call 856-566-6159.