

VOLUNTEER WAIVER OF LIABILITY

I, _____ (*please print name*) wish to volunteer with EMT Program (*Dept or project*) at Lane Community College. By my signature below, I acknowledge that I waive any and all medical claims against Lane Community College arising out of the performance of my volunteer duties, whether for an on-site work-related injury, personal injury or otherwise.

I assume all liability in the event that I am injured while engaged in volunteer work at Lane Community College. Attached to this waiver is a copy of proof of medical insurance, and other necessary proof of insurance coverage.

I understand that volunteer labor is not tax-deductible as a charitable deduction as defined by the Internal Revenue Service. (IRS Publication #526) The IRS Code specifically precludes deducting a donation of "time or services" and I will not receive any receipt from the college for the labor or services donated.

Date

Signature