

2019 Starkville MLK Day of Service

Please complete this form to volunteer for Starkville MLK Day of Service on January 21th, 2019. All service projects will start at 10:45 am and be completed around 1:00 pm. Service projects are scheduled to being at 10:45 am, immediately following the Unity Breakfast. Transportation will be provided. Buses will leave the Mill between 10:10 am and 10:30 am.

Check-in will take place between 8am-10am at the Mill. If you are attending the breakfast and participating in the Day of Service, please check-in between 8am-10am at the volunteer check-in location (follow the signs).

If you are not participating in the breakfast, please still check-in to volunteer at the Mill between 8:00 am-10:00 am. At check-in you will receive your site assignment (service location), t-shirt, and any needed supplies. If you need transportation, please make sure you are on one of the designated buses by 10:10 am. Buses will have signs for their service locations and will be parked outside the Mill. Please complete the form below to register.

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Name (First and Last): * [Required]

Telephone Number: * [Required]

Email Address: * [Required]

Please select which one applies to you: * [Required]

- MSU student not part of a group
- MSU student part of a group
- Community member not part of a group/family
- Community member part of a group or family
- MSU Faculty or Staff not part of a group/family
- MSU Faculty or Staff part of a group/family

If you volunteering on behalf of a community or campus group (or family), which group are you representing?
(All group members are required to register individually through this form)

Are you in need of transportation to the service site? * [Required]

Valid input:

- Select only one choice.

Yes

No

Please complete the following Volunteer Waiver: [Required]

Volunteer Waiver: In consideration for participating in the volunteer opportunities through Volunteer Starkville and the Maroon Volunteer Center (hereinafter "Activity") and other valuable consideration, I hereby COVENANT NOT TO SUE, and further RELEASE, WAIVE, DISCHARGE Mississippi State University, the Board of Trustees for the State of Mississippi, the State of Mississippi, and any and all providers of transportation, their officers, servants, agents, and employees (hereinafter "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF OR A BREACH OF ANY EXPRESS OR IMPLIED CONTRACT BY THE RELEASEES, or otherwise, while participating in such Activity, or while in, on or upon the premises where the Activity is being conducted or while in transit during and to and from said Activity. I further acknowledge that the Releasees, as public entities, do not carry liability insurance for this Activity and that in order to provide this Activity, and others like it, as part of the Releasees' educational program, it is essential that the Releasees not be subject to liability or such Activities sponsored by the Releasees may not be feasible in future public educational programs offered by the Releasees. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damages, or costs, including, but not limited to, court costs and attorney's fees, that may result from my participation in said Activity. To the best of my knowledge, I can fully participate in this Activity, I am fully aware of the risks and hazards connected with the Activity, and I hereby elect to voluntarily participate in said Activity, and to engage in such Activity knowing that the Activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such Activity. It is my express intent that this Activity Participation Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative if I am not alive, and this Agreement shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above RELEASEES. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Mississippi. I understand that the Releasees are not responsible for any medical costs associated with any injury or illness I may sustain resulting from my participation in this Activity. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. By my signature below I certify that I have confirmed that my health care coverage will adequately cover me. I understand that, although the University will attempt to maintain the Program as described in any publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Activity Participation Agreement, that I understand it, that I sign it voluntarily as my own free act and deed, and that no oral or written representations or statements of inducements, apart from the foregoing written agreement, have been made.

Valid input:

- Select only one choice.

I Agree to the Volunteer Waiver

Please type your name to digitally sign (Parent/Guardian if under 16) * [Required]

