Volunteer Waiver

Unless covered under the North Dakota Tort Claims Act, N.D.C.C. ch. 32-12-2, I hereby voluntarily waive any actions, demands, or claims against the State of North Dakota, North Dakota State University, or any of its officers or employees, that may result from any personal injury to me or damage to personal property occurring during such time that I perform volunteer services for the University under the direction and control of the _____ Office. I certify that I have health insurance coverage (or am covered under Medicare or Medicaid), and that my status will be as a volunteer and not as an employee, and that I acknowledge that I am not entitled to any employment compensation, including pay, Workers Compensation coverage or any other benefits.

Dated this_____ day of_____, 20___.

_____
Signature

_____
Printed Name

_____
Co-signature of Parent or Guardian
If individual is under 18 years of age