720 4th Ave S, 101 AS St. Cloud, MN 56301 Phone: 320-308-2114

## Volunteer Agreement and Release for Culminating Project Committee Service

Effecti	ive Date		
Minnes		gh St. Cloud State University (the "University") a 'Volunteer") agree that in exchange for the oppor	
	nating Project Committee member for the ng terms shall apply:	participants in the	Graduate Program, the
	This volunteer assignment beginsculminating project	, and is expected to continuelist approximate completion date.	through completion of
Either <sub>J</sub> party.	party may terminate this agreement at any	time for any reason upon immediate notice, oral	or written, to the other
1.	The Volunteer will perform services under the direction and control of the following University staff:		
	The Volunteer agrees to follow the direct procedures while carrying out these volu	ctions of the staff and to abide by applicable Universer services.	versity policies and
2.	The Volunteer is not an employee of the University and is not entitled to receive salary, benefits or other compensation. The Volunteer is solely responsible for all his or her travel expenses. The Volunteer understands that he/she is not eligible for workers' compensation benefits and is expected to carry personal medical insurance coverage to cover medical expenses for any injuries he/she incurs while performing volunteer services.		
3.	Pursuant to Minnesota law, the Volunteer may be eligible for legal defense and indemnification by the State if someone outside the University brings a claim against the Volunteer based on services performed by the Volunteer in good faith as part of his/her University responsibilities.		
4.	The parties agree that this is the entire Agreement and no Agreement, oral or written, exists outside this Agreement.		
persona Univers	eer releases the University and its officers, al injury, including death, and damage to o	, employees, agents, and representatives from any or loss of property, that Volunteer may incur due presentatives or others due to accidental occurrence.	to negligence of the
IN WI	TNESS WHEREOF, the parties have	executed this Agreement and Release as of t	he date below.
Volunt	eer (Signature)	Volunteer Name (Print)	Date
School	of Graduate Studies (Signature)	School of Graduate Studies Name (Print)	Date
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