

Connecticut STEM Foundation

Volunteer Information Form and Waiver of Liability

Personal Information

Name: _____ **Telephone:** _____

Address: _____

Waiver of Liability

The Connecticut STEM Foundation, Inc. does not provide insurance coverage for any loss, injury, illness, or death to the volunteer resulting from the volunteer's unpaid participation in the Connecticut STEM Fair. The purpose of this waiver is to provide notice to prospective volunteers that they do not have such insurance coverage by the Connecticut STEM Foundation, Inc. and to document the volunteer's acknowledgment that they are providing volunteer service at their own risk.

By your signature below:

You acknowledge that the Connecticut STEM Foundation, Inc. does not provide insurance coverage for any loss, injury, illness, death or damage of any nature or kind to you resulting from your voluntary unpaid participation in the Connecticut STEM Fair.

You agree to assume all risk of loss, injury, illness, death or damage of any nature or kind, arising out of your participation in the Connecticut STEM Fair. You agree to waive any and all claims against the Connecticut STEM Foundation, Inc., its directors, officers, employees, agents or assigns for any loss, injury, illness, death or damage of any nature or kind to you arising out of your voluntary unpaid participation in the Connecticut STEM Fair.

Signature of Volunteer: _____

Printed Name of Volunteer: _____

Date: _____