Sport Clubs
Coach-Volunteer Packet

Revised: 2-24-15
To SPORT CLUB COACHES:

All Sport Club coaches must be approved by the Sport Club coordinator. For a coach to be approved, he/she must do the following:

1. Submit the coach-volunteer packet before assuming coaching responsibilities (packet is valid for one academic year).

2. First time coaches are required to meet with the Sport Clubs Coordinator to discuss the Department, University, and Program policies and procedures (returning coaches are exempt from this meeting).

All coaches who are not members of the Student Recreation Center must have a picture ID on them to access the building. There will be memo at the Service Counter listing the coach’s name and club practice/meeting/competition times for the staff to verify the name and information in order to grant access for the designated times ONLY.

**Sport Clubs Contact**

Ty Verdin, Coordinator, Sport Clubs: tverdin1@gsu.edu, 404-413-1764 (O), 404-413-1768 (F)

http://recreation.gsu.edu/intramurals-clubs/sport-clubs
Personal Information:

Date Submitted: ______________________

Name: ________________________________  Club: ________________________________

Permanent Address: ____________________________________________________________

Phone Number(s):  (h) ________________ (w) ________________ (c) ________________

Email Address: _________________________________________________________________

Employer: ______________________________  Occupation: __________________________

In addition to the agreement outlined in the Volunteer Registration form, I agree to the following:

_____ I will abide by all policies and procedures outlined in the Department of Recreational Services Sport Clubs Handbook.

_____ I understand that my role is to coach the club. My role is NOT to assume a leadership role in the management of the club. Management is provided by the student leadership under the guidance and facilitation of the Sport Club Coordinator.

_____ I understand that any compensation agreement for coach services is strictly between the club and the coach.

_____ I understand that NO alcohol is permitted at any Sport Club activity; whether or not the student or coach is of legal drinking age.

_____ I will promote safety and encourage good sportsmanship on and off the field.

_____ I am aware that I do NOT have authority to sign any contracts or make any agreements that will hold Georgia State University liable.

Print Name: ________________________________

Signature: ________________________________  Date: __________________________
**Structured Volunteer Program Policy**

Volunteers are individuals who perform services for the University, without expectation of compensation, benefits, or future employment. Generally, volunteers are not current employees, enrolled students or vendors/consultants. This policy does not cover or govern volunteers who agree to serve as human subjects in University research protocols. In addition to this policy, Volunteers in University laboratories are subject to the **GSU Laboratory Visitor Policy**.

The University is self-insured through the Department of Administrative Services Risk Management Services against state tort claims. This coverage is extended to University Volunteers who are a part of the University Structured Volunteer Program described in this policy. The liability coverage is for injuries and/or property damage Volunteers may cause others while acting in the course of their official volunteer duties. Liability coverage does not apply when Volunteers deviate from the course of their volunteer duties.

All Volunteers must establish proof of identity and citizenship or permanent residency. If the individual is not a citizen or permanent resident of the United States, he/she must provide documentation of his/her visa status. An individual holding a temporary visa may not serve as a volunteer in a position where others in a similar position receive compensation or perform the same services. An individual with a pending H-1B visa application to work at the University cannot serve as a volunteer. Volunteer status may not be used as a way to avoid or defer compliance with the employment eligibility requirements of federal immigration laws.

An individual who is under the age of 18 must have parental consent to serve as a Volunteer. An individual who is under the age of 16 must have parental consent and permission from the Office of Legal Affairs to serve as a Volunteer.

Volunteers may only be used in non-high-risk positions for which they meet the minimum qualifications. Volunteers may not be used in positions that are normally paid or to replace classified employees who have been a part of a Reduction in Force. Volunteers may be terminated at any time, in the University’s sole discretion, without further obligation to the Volunteer. At all times, the University has the discretion to select Volunteers.

All volunteer work must be directed and supervised by a University employee designated by the unit for which the individual will be working ("Sponsoring Department"). Volunteers must agree to abide by all applicable University policies and sign the Volunteer Agreement provided below prior to performing volunteer service. Each Volunteer Agreement must be approved by the head of the Sponsoring Department. The Sponsoring Department is responsible for promptly submitting the signed Volunteer Agreement to the University’s Department of Safety and Risk Management.

Volunteers who work with minors must satisfactorily complete a background check prior to performing any duties for the University. Sponsoring Departments, in consultation with the Office of Legal Affairs, may require background checks when warranted by the nature of the duties to be performed.

University Volunteers do not have an employment relationship with the University on any grounds or for any reason. Volunteers are not eligible for University benefits, including but not limited to workers’ compensation, and the University does not provide Volunteers with accident or medical insurance. A Volunteer’s duties should not involve driving on University business, including the utilization of his or her personal vehicle to conduct University business. The University does not provide comprehensive or collision insurance for a Volunteer’s vehicle.

All questions about the Structured Volunteer Program should be directed to the Office of Legal Affairs.

**Volunteer Registration and Agreement**

Volunteer’s Name (Please Print): _____________________________________________ Tel. No.: __________________________

1 While not an exhaustive list, the following are activities that a University Volunteer may not do: operate heavy equipment; work with any BSL III and BSL IV protocols; work with or have access to any export-controlled materials; work with hazardous materials or select agents; work with stored energy (e.g., physical energy stored in air, gas, steam, water pressure, or in springs, elevated machines, rotating flywheels, fans, hydraulic systems, etc.); conduct any activity considered inappropriate for an employee; enter into any contract on behalf of the University.
Mailing Address: ________________________________________________________________

Dates of Service: ____________________ to ____________________  Emergency Contact Name/Tel. No.: ________________________________

Sponsoring Department: ___________________________ Supervisor of Volunteer: ________________________________

Description of Volunteer Duties: ________________________________________________________________

Location where Volunteer will Perform Duties: ____________________________________________________

As a Volunteer, I understand and agree to the following:

1. I am volunteering to perform the Volunteer Duties identified above solely for my personal benefit without promise or expectation of compensation, benefits or future employment from Georgia State University (“University”). I understand that the University and/or I may end my Volunteer Duties at any time without further obligation one to the other.

2. I will familiarize myself with and abide by all University policies, including those regarding conduct, confidentiality, safety and welfare.

3. I agree to perform my Volunteer Duties under the direction and control of the authorized University official identified above or such other authorized University official as is later designated to supervise my volunteer work.

4. I agree to cooperate with any screening and background checks required by the University prior to my performance of any Volunteer Duties.

5. I understand that the University is self-insured through the Department of Administrative Services against state tort claims. This coverage is provided for volunteers in programs organized, controlled, and directed by the University for the purposes of carrying out the functions of the University. **I understand that coverage does not apply when I deviate from the course of my Volunteer Duties.**

6. I understand that Volunteers are **not** covered by workers’ compensation insurance for injuries or illness resulting from their Volunteer Duties, and are strongly encouraged to obtain their own medical insurance before participating in this structured volunteer program.

7. I agree not to disclose any confidential information concerning research subjects, unpublished research data, and other confidential information of which I may learn in the course of my Volunteer Duties. I acknowledge and agree that any intellectual property I may create in the course of my activities at the University shall be the property of the University.

8. My performance of the Volunteer Duties is purely voluntary and I agree to assume all risk associated therewith. I do hereby release, waive, discharge and covenant not to sue Georgia State University and the Board of Regents of the University System of Georgia and their employees, officers, members and agents (collectively, “Georgia State”) from all liability, loss, damage, or claim resulting from my performance of the Volunteer Duties. I also agree to indemnify and hold Georgia State harmless from all claims, demands, causes of action, actions, judgments or other liability including reasonable attorneys’ fees arising out of, resulting from or in connection with my Volunteer Duties or Volunteer status.

Volunteer: __________________________  Approved by: __________________________

Signature ___________________________ Date __________

Head of Sponsoring Department ___________________________ Date __________

Y / N __________________________

Background Check Required?

**Copy of completed form must be submitted prior to start of volunteer duties to the Georgia State University Department of Safety and Risk Management, 75 Piedmont Avenue, Suite 506, Atlanta GA 30302; Fax: 404-413-9550; Email: jsanders26@gsu.edu. Original copy should be maintained by the Supervising Department.**
Assumption of Risk, Waiver of Liability & Indemnity Agreement

SPORT CLUB COACH

<table>
<thead>
<tr>
<th>Name of Sport Club</th>
<th>Academic Year</th>
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I HAVE READ THIS DOCUMENT CAREFULLY & A COPY IS AVAILABLE UPON REQUEST

FOR AND IN CONSIDERATION of the opportunity to coach the above-named sport club ("Sport Club") at Georgia State University in connection with which the University has made available grounds, equipment, facilities, transportation, programs and/or services (the "Facilities") and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned coach does hereby agree to the following:

Prerequisite Skills, Training & Physical Condition. I represent that I have the requisite skills, qualifications, physical ability and training necessary to properly and safely coach the Sport Club. I agree to direct all questions about the skills, qualifications, or training necessary to properly use any equipment, facility, grounds or to otherwise participate in Recreational Services programs related to the sport club to the appropriate Staff Member on site. I acknowledge that no one can warn me of all of the dangers associated with the Activities and Facilities and I have the responsibility to investigate any activity, hazard, or thing which may be dangerous or that I do not understand. I have verified with my physician or other medical professional that I have no past or current physical or psychological condition that might negatively affect my participation in the Activities.

Assumption of Risk. I, the undersigned coach, acknowledge the existence of risk in connection with participating in the Sport Club and with use of the Facilities, whether in an active or spectator capacity (all such use of the Facilities and all other involvement related to the sport club referred to as the “Activities”). My coaching of the Activities is purely voluntary and I elect to do so with full knowledge of the risks of injury, illness, death or damage to property. I accept full responsibility for any injuries, illness or damage to property that I may sustain in the course of such Activities. The specific risks vary from one activity to another, but potential risks include, but are not limited to: scratches, cuts, splinters, bruises, sprains, dislocations, broken bones, torn muscles, torn ligaments, joint or back injuries, nerve damage, eye injuries or loss of sight, heat stroke or exhaustion, heart attacks, strokes, concussions, brain or spinal cord injuries, temporary or permanent paralysis, loss of bodily functions, drowning, or even death. These risks may result from the use of the Facilities, from the Activity itself, from travel to and from sport club events either by using University vehicles or personal vehicles, from the acts of others or the or from the unavailability of emergency medical care. I acknowledge and agree that I am owed no extraordinary duty of care in connection with my coaching of the Activities. I further acknowledge the existence of risk in connection with traveling to and from sport club related events using University vehicles. I acknowledge that being a passenger in a University vehicle is both voluntary and undertaken with full knowledge of the risks of injury, illness or damage.
property. I accept full responsibility for any injuries, illness or damage to property that I may sustain as the result of being a passenger in such University vehicle.

**Waiver/Indemnify and Defend.** I HEREBY RELEASE, WAIVE, DISCHARGE, INDEMNIFY, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS FOR ANY AND ALL PURPOSES the Board of Regents of the University System of Georgia ("Board") and the Board of Regents of the University System of Georgia, by and on behalf of, Georgia State University (hereinafter referred to as the "University"), and their employees, officers, members or agents (hereinafter collectively referred to as the “Releasees”) from any and all liability, claims, demands, causes of action, suits, losses, damages, property damage, property loss or theft, costs (including court costs and attorneys’ fees) or injury, including death, that I may sustain while using the Facilities, coaching or participating in any Activities, and while traveling to and from sport club related events whether caused by the negligence of the Releasees or otherwise. I understand and intend that this Assumption of Risk and Release is binding upon my heirs, executors, administrators and assigns.

**Acknowledgement of Policies and Procedures.** I agree to abide by the policies and procedures of Recreational Services, the Facilities and the University. A copy of the Policies and Procedures Guide is available upon request at the Facilities' Service Counter and at [http://www.gsu.edu/recreation](http://www.gsu.edu/recreation). Recreational Services reserves the right to temporarily revoke or permanently terminate my membership and/or my guest privileges for any violations of the above-referenced Policies and Procedures. I understand that a valid, current membership card or guest pass is required in order to access the Facilities.

**Insurance.** I also understand that I am encouraged to purchase primary health and accident insurance prior to any coach of and participation in the Activities.

**Medical Care.** I give University staff permission to seek emergency medical, rescue, or evacuation services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I also realize that I may be attended to by University staff until medical care is available although I acknowledge and agree that they have no duty to provide medical care.

**Severability.** I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Release.** I grant the University and the Board the right to use and make any and all sound recordings, photographs, film or video likenesses of me to use for educational, marketing, or promotional purposes. I renounce any claim to any payment for or royalty from these recordings, photographs, or likenesses. I understand that the University, its staff, or any of its agents or contractors may use these photographs or likenesses for any lawful purpose. Further, I release and covenant not to sue the University or the Board from any and all claims, rights, or causes of action which I might have as a result of the use of these photographs or likenesses.

**Acknowledgement of Understanding.** I have read, understand and accept the terms and conditions stated herein, and understand that I am giving up substantial rights, including the right to sue Georgia State University or the Board of Regents of the University System of Georgia, or any of their officers, agents, servants, or employees. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I further understand that acceptance of this agreement by Georgia State University and the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity.

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Signature: __________________________  Printed Name: __________________________  Date: __________________________