



# Nicholson School of Communication and Media

## STUDENT PRODUCTION VOLUNTEER ACKNOWLEDGEMENT AND AGREEMENT TO OBTAIN THE STUDENT PRODUCTION VOLUNTEER'S OWN INSURANCE COVERAGE FOR AUTO AND MEDICAL INSURANCE

By signing this document, the undersigned volunteer acknowledges and agrees that UCF Nicholson School of Communication and Media does not provide insurance for the undersigned student film/video production volunteer.

In particular, the undersigned student film/video production volunteer acknowledges and agrees:

**WORKERS COMPENSATION:** Student film/video production volunteers and others working on a student project are not covered by the UCF workers compensation policy.

**AUTOS:** The undersigned student film/video production volunteer acknowledges that they must obtain and pay for any and all insurance for either the vehicle the student film/video production volunteer owns, or any vehicle rented or leased by the student film/video production volunteer.

**MEDICAL:** The undersigned student film/video production volunteer hereby expressly acknowledges that UCF-NSCM Film and Mass Media Program does NOT provide any medical insurance to the student film/video production volunteers and/or others working on a student project. Therefore, student project volunteers and others working on a student film/video production are required to obtain their own medical insurance policy. If the undersigned student film/production volunteer decides NOT to obtain their own medical insurance, they hereby expressly accepts any and all risk associated with such failure to obtain their own medical insurance and hereby expressly agrees to RELEASE UCF AND THE UCF BOARD OF TRUSTEES AND hereby WAIVES any claims against UCF AND THE UCF BOARD OF TRUSTEES in conjunction therewith. The undersigned student film project volunteer hereby agrees to INDEMNIFY AND HOLD UCF AND THE UCF BOARD OF TRUSTEES HARMLESS from any and all medical issues, including, but not limited to injuries sustained by the student film project volunteer, whether caused by UCF's negligence or otherwise, or while on the premises owned or leased by UCF.

DATE: \_\_\_\_\_

AGREED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_