



# DEPARTMENT OF PSYCHOLOGY

## **VOLUNTEER ASSUMPTION OF RISK AND INFORMED CONSENT FORM**

I, \_\_\_\_\_, the undersigned Participant, desire to volunteer at the University of New Mexico, Department of Psychology, Logan Hall.

In consideration for being permitted to participate and volunteer for the ARL project in the Department of Psychology, I hereby agree to and represent the following:

- 1) I acknowledge that I am volunteering and expect no monetary compensation unless I am officially hired as an employee of the University of New Mexico.
- 2) I acknowledge that there are risks and dangers associated with volunteering and that all risk cannot be prevented. The risks and hazards of this volunteer work, which can result in injury to me, death and property damage include, but may not be limited to foreseeable and unforeseeable dangers presented working on a campus or off site in the field.
- 3) Knowing the risks and hazards described above, I voluntarily accept them and agree that any claim that I may have now or in the future against UNM, its officers, employees or agents, whether in contract or tort, arising out of my participation in any program, laboratory, or field research project, wherever such claim arises, shall be governed by the law of the State of New Mexico, including the New Mexico Tort Claims Act, Section 41-4-1 et seq., NMSA 1978, as amended. I understand that the New Mexico Tort Claims Act imposes limits and restrictions upon civil lawsuits against UNM and its employees.
- 4) I acknowledge that UNM does not provide medical insurance for volunteer participants. I agree to be financially responsible for any medical bills incurred as a result of any medical services that I receive. The University of New Mexico offers a group accident insurance policy for field trip participants. I acknowledge that either my supervisor or the Department of Psychology will purchase this insurance coverage through the UNM Risk Management Office in Albuquerque; if I have additional questions I may contact that office at 277-9790.
- 5) I represent that I am physically able, with or without accommodation, to participate in the project and am able to use necessary equipment and/or supplies.
- 6) Should I require emergency medical treatment as a result of accident or illness arising during the volunteer work, I consent to such treatment. I understand that the supervisors may not have up to date emergency medical training and that in an emergency, those in charge will use their best efforts to protect my well-being and safety. I will notify the employer, professor, or researcher

leading the project in advance in writing if I have a medical condition about which emergency personnel should be informed.

7) I hereby provide the following emergency contact information:

Name of emergency contact and phone: \_\_\_\_\_

Health insurance company and policy number: \_\_\_\_\_

Severe allergies or other medical condition: \_\_\_\_\_

8) I understand that the UNM Code of Conduct applies to me during the volunteer time. I understand that UNM has the right to enforce the Code of Conduct and that sanctions may be imposed for violations, up to and including dismissal from UNM.

I have carefully read this form before signing it. No representations, statements or inducements, oral or written, apart from the foregoing written statement, have been made. The laws of the State of New Mexico shall govern this agreement, and New Mexico shall be the forum for any lawsuits filed under or incident to this form.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian  
(if Participant is under 18 years of age)

\_\_\_\_\_  
Name of Person Volunteering Under

\_\_\_\_\_  
Name of Project, Program, or Research