



Morehead State University Affiliation Privilege Request Form

(Affiliates are not MSU employees but are granted access to certain campus privileges. The affiliation determines the services the affiliate is allowed to access based upon need, such as access to buildings, library privileges, etc. Affiliates are volunteers, students or scholars here for educational purposes, or individuals employed by other employers/institutions and having collaborative relationships with MSU. Examples of the "other" category include employees of MSU's food services vendor, military science and the UK/PA Program.)

Please select one: Retiree Student Scholar Volunteer (complete form on back) Other

To be completed by Affiliate

Last Name: _____ SSN (required): _____
First Name: _____ MSU ID#: _____
Middle Name: _____ Date of Birth: _____
Job Title: _____ Gender: Male Female

Has a background check been processed on you outside of MSU? Yes No

(If yes, provide a copy of the background check. If no, please know that by submitting this form you are authorizing MSU to conduct a state and national criminal history and background check as a condition of Affiliation status with the university. And that you hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original. Also note that privately owned camps are strongly advised to conduct their own background checks for their personnel.)

Affiliates must complete the online Preventing Sexual Misconduct/Violence training.

To access, visit www.moreheadstate.edu/Administration/Title-IX/Training-Education and follow the directions.

Do you have records at MSU under a different name? Yes No If so, indicate name(s): _____

Have you ever been enrolled or employed by MSU in the past? Yes No

If Yes, Date: _____ ID Number Used: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Daytime Phone: _____ Evening Phone: _____

Email address: _____

External Employer/Company Name: _____

Emergency Contact Name: _____ Emergency Phone Number: _____

To be completed by MSU Affiliate Sponsor (Employee)

Date of Request: _____ Start Date: _____ End Date: _____

MSU Sponsor Name: _____ Job Title: _____

MSU ID#: _____ Office/Department: _____

MSU Sponsor's Email Address: _____ Campus Phone Number: _____

Please describe the activities performed by the affiliate: _____

Routing Approvals

Approvals - Signatures

Date:

Sponsor: _____

Sponsor's Immediate Upline Supervisor: _____

HR Representative: _____

For Human Resources Use Only

Background Check Complete

Title IX/Sexual Misconduct Training Complete



Morehead State University Volunteer Release of Liability

READ CAREFULLY BEFORE SIGNING

I, _____ wish to volunteer as a _____ for the _____.
(Name) (Title) (Program)

I understand that participating as a volunteer for this program involves inherent risks that may expose me to damage to or loss of property, and physical injuries including death. Risks associated with my participation in this program, include but are not limited to travel, contact with other program participants, weather conditions, field conditions, use of equipment, and other unknown and unanticipated risks. I understand and voluntarily assume all risks related to my participation in this program. In consideration of the University permitting me to participate in this program, I agree as follows:

1. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the Morehead State University, the Commonwealth of Kentucky, and its employees, agents, officers, trustees and representatives (in their official and individual capacities) ("University") from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney fees, which arise out of, result from, occur during, or are connected in any manner with my participation in the program whether caused by the negligence of the University or otherwise; except that which is the result of gross negligence and/or wanton misconduct by the University.
2. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University, the Commonwealth of Kentucky and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorney fees, which arise out of, occur during, or are in any way connected with my participation in the program.
3. I hereby authorize the University to seek and consent to receive medical treatment for me in the event of injury, accident or illness during my participation in any program activity or event. I accept financial responsibility for all expenses related to my medical treatment as well as travel to receive medical treatment
4. I agree to comply with all University policies and procedures. Failure to do so will result in my disqualification from the program and I will immediately terminate my relationship with the University. I understand that I am responsible for any costs associated with my disqualification from the program including travel costs.
5. I represent and warrant that I have a comprehensive health insurance policy that covers me for illnesses or injuries sustained during my participation in the program. I acknowledge that I have informed the University of any existing medical and conditions that require accommodations or would place the university, its students or visitors at risk.

I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the Commonwealth of Kentucky, U.S.A.; and that if any portion thereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. I agree that this Agreement is to be construed broadly to provide a release, indemnification and waiver to the maximum extent permissible under applicable law. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that I am at least eighteen (18) years of age, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Signature: _____ Date: _____

Volunteer Name: _____
(Print)

Note to Parent and Legal Guardians:

If Volunteer is under 18 years of age, the Volunteer and the Legal Guardian must sign this form.

Signature: _____ Date: _____

Legal Guardian Name: _____
(Print)