



AMBASSADOR WAIVER FORM

I, _____ understand and agree with the following conditions concerning services provided by me as a Ambassador:

It is understood that Ambassadors are not covered by the New Jersey Workers Compensation Act (this does not apply to a statutory exception for volunteer ambulance drivers).

It is understood that if a Ambassador is injured while performing services on Rutgers premises, the University will provide, at the time of injury, reasonable emergency medical treatment for that injury without charge, regardless of apparent fault; and it is also understood that the provision of emergency medical service does not constitute an admission of liability on the part of Rutgers.

Signature of Ambassador: _____

Phone Number: _____

Email Address: _____

Signature of Supervisor: _____

Department: Rutgers University Behavioral Health Care- Military Services Vets4Warriors

Date: _____

If you have any questions or concerns, please contact the Human Resources Generalist assigned to your unit: Jalethia Matthews: jmm930@hr.rutgers.edu or the Ambassador Coordinator: Ryan Padilla: rp1272@rutgers.edu

Please return the completed form to v4wambassador@ubhc.rutgers.edu; Attn: Ambassador Program.