



OFFICE OF SERVICE LEARNING

Description of Activity

Location

Participant name

Age

CWID

Cell phone #

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

Read this document carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to your professor or to the Service Learning Office in Bobet 113. If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I am aware that service learning may include activities that are risky and dangerous. I acknowledge that participation in service learning may include the following non-exclusive list of activities that bear risk and danger and from which bodily injury, up to and including mortal injury, may occur: intense physical labor, materials handling, lifting or carrying heavy objects; transportation to and from various destinations; being outside or in the presence of inclement weather conditions including, but not limited to, lightning, wind and/or hail; contact with plants, animals, insects and/or other environmental hazards; rendering of first-aid, emergency treatment or other services; consumption of food or drink; or other unknown and unanticipated activities and risks.

With full knowledge of these facts and circumstances, I voluntarily participate in this service learning project and assume all responsibility for and risk resulting from my participation including all risk of property damage and injury to others and to myself. I agree to comply with all of the rules and conditions of participating in this service learning project. I certify that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the project. I will indemnify and hold Loyola University New Orleans and all of its respective officers, agents, servants, employees and volunteers (collectively the University) harmless with respect to all such costs.

I am aware that if I provide a vehicle not owned and operated by the University for transportation to, at, or from the project sites, or if I am a passenger in such a vehicle, the University is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled project activities, regardless if occurring before, during or after the period of the project activity.

To the extent permitted by law, and in consideration for being allowed to participate in service learning, I hereby save, hold harmless, discharge and release the University from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the project.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the University from any claim by the aforementioned parties arising out of my participation in the project.

I recognize and acknowledge that the University makes no guarantees, warranties, representations, or other promises relative to the project, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the project. I further understand and agree that this Release is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

MEDICAL INFORMATION

I hereby certify that I have no health-related reasons or problems that preclude or restrict my participation in the project. I hereby consent to first aid, emergency medical care, and, if necessary, admission to a medical facility for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the project.

EMERGENCY CONTACT

Name _____ Complete Address _____

Home phone _____ Work phone _____ Cell phone _____

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; (b) that I am of legal age; and (c) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

DATE _____ SIGNATURE _____

Participants who are not 18 years of age or older must sign above, and also must obtain the signature of a parent or legal guardian below:

I certify that I am the parent or legal guardian of the above-named participant in the project. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependant, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the project, and I hereby give my consent to participation by my dependent in the project, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the University from and against all claims, demands or suits that my dependent has or may have.

DATE _____ SIGNATURE _____