



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 this service learning activity. 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 this service learning activity. 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 this activity.

### **EMERGENCY CONTACT**

Name \_\_\_\_\_ 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 this service learning activity. 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 this activity, and I hereby give my consent to participation by my dependent in this activity, 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** \_\_\_\_\_

Participants under 18 years of age should submit this completed form to Bobet 113.