

**SIUC SERVICE-LEARNING PARTICIPANT AGREEMENT
AND ASSUMPTION OF RISK**

Note: The assumption of risk form must be signed by the participant's legal guardian if the participant is not of legal age.

PARTICIPANT INFORMATION

Participant's Name: _____ Student ID# _____
Permanent Address: _____ Date of Birth: _____
City, State, Zip: _____ Phone: () _____

SERVICE-LEARNING INFORMATION

Course: _____ SI Location(s): _____
Start Date: _____ End Date: _____
Hours/per/week: _____ Total Hours: _____ 100

MEDICAL EMERGENCY CONTACT

Person to Contact First: _____ Backup Contact (Relative or Friend): _____
Name: _____ Name: _____
Relation to Participant: _____ Relation to Participant: _____
Daytime Phone: () _____ Daytime Phone: () _____
Evening Phone: () _____ Evening Phone: () _____
Are you allergic to any medications? _____
List current prescriptions/medications: _____

INSURANCE POLICY INFORMATION

Yes No The above-named participant is covered by health insurance. If yes, provide the following information which is required by Southern Illinois University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name: _____ P.H.'s Date of Birth: _____
Address: _____ Relation to Participant: _____
City, State, Zip: _____ Occupation: _____
P.H.'s Employer's Name: _____
Employer Address: _____
Insurance Company Name: _____
Insurance Company Address: _____
Policy #: _____ Plan #: _____

ASSUMPTION OF RISK FORM (Attached) [] Yes – I have completed and signed the attached Assumption of Risk Form. I understand this form must be signed prior to participation.

SOUTHERN ILLINOIS UNIVERSITY
SERVICE-LEARNING ASSUMPTION OF RISK AGREEMENT

Section 1. Request and Agreement to Participate in Service Learning

I _____ (hereinafter "Participant"), a student at Southern Illinois
Print Name
University-Carbondale (hereinafter "University"), voluntarily request and agree to participate in an
off-campus service-learning experience arranged through University's Geography Department as part of
an internship/ work experience during _____ semester 20____ at
Spring/Summer/Fall
_____ (hereinafter "Learning Site").
Service Learning Site

Section 2. Assumption of Risk

Participant agrees to take part in the aforementioned service learning experience voluntarily and with full knowledge and understanding that participation in the service learning experience may expose Participant to a risk of property damage and/or bodily or personal injury, including but not limited to injury that may prove fatal to Participant and/or others. For the sole consideration of being permitted to enroll in the service learning experience, Participant knowingly assumes all the risks, known, unknown, foreseen and unforeseen, that may arise from participation in the service learning experience, including but not limited to all harm, injury or damage that Participant or Participant's property may incur as a result of participation in the service learning experience.

Section 3. Release of Liability.

For the sole consideration of being permitted to participate in this service learning experience, Participant, personally and on behalf of his or her family, heirs, executors, and assigns, knowingly releases, discharges, and holds harmless the Learning Site and the University, its Board of Trustees, and its agents, officers, officials, employees, and assigns from and against any and all claims, causes of action (in law or in equity), demands, suits, and debts, including but not limited to any claims or causes of action for property damage or loss, personal medical or hospital costs, personal illness or bodily injury, including pain and suffering, emotional distress, or death, future economic impairment and other consequential losses, arising out of any service or activities Participant performs as a result of his or her participation in the above referenced service learning experience. Participant understands and agrees that he/she shall be solely responsible for any and all debts, damages or injuries arising out of the Participant's services performed as part of the service learning experience. Participant knowingly makes this release and waiver as an act of his/her own free will, without any promises of favor or gain from University.

Section 4. Compliance with University Policies

Participant agrees to comply with all applicable laws and University policies, including but not limited to the Student Code of Conduct, while engaged in the service learning experience or any travel to or from the service learning experience. Participant further agrees that he/she shall not consume or imbibe any alcoholic beverages or other intoxicating substances while engaged in the Activity or any travel related to the Activity or for a minimum of twelve hours prior to the start of any period of his or her service learning work or any travel related to the service learning work.

Section 5. Compliance with Learning Site Policies

Participant agrees with comply with Learning Site's policies, standards, regulations, and rules of conduct. In addition, the Participant agrees to participate in all training required by the Learning Site; exhibit professional, ethical, and appropriate behavior at the learning site; complete all assigned tasks and responsibilities in a timely and efficient manner; and maintain confidentiality of all information concerning other people, clients, employees, and agencies/ organizations.

Section 6. Use of Personal Property

Participant understands that any personally owned property, including but not limited to automobiles, used in conjunction with this service learning experience are not insured or otherwise covered or indemnified by the University. Participant understands that if she/he utilizes a personally owned automobile she/he is required to carry auto liability insurance as required by law. Further, if Participant agrees to be a passenger in a vehicle that is not owned and/or operated by a University faculty member or representative, Participant hereby assumes any and all risks that may be associated with riding in such vehicle and will hold the University harmless from any and all loss, damage, injury, or liability that may arise from such act.

Section 7. Health Insurance and Medical Treatment

Participant understands that it is her/his responsibility to provide her/his own health and accident insurance. Participant further agrees that the University and/or Learning Site is granted permission to authorize emergency medical treatment, if necessary, and that such action by the University and/or Learning Site shall be subject to the terms of this Agreement. Participant understands and agrees that neither University nor Learning Site assumes responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

Section 8. Quotations, Photography, Video and Sound Recordings

Participant authorizes the use and reproduction, without compensation, of all quotations, photographs, videos and sound recordings taken during this service learning experience for the purpose of promoting service activities at the University or Learning Site.

Section 9. Miscellaneous

This Agreement and any disputes arising from it shall be governed by and construed exclusively according to the laws of the State of Illinois without regard for its conflicts of law provisions.

In the event any provision of this Agreement is determined to be invalid or unenforceable, it shall be reformed and construed in such a manner that it will, to the maximum extent practical, be deemed valid, enforceable and reflect the intent of the provision as written.

[SIGNATURE PAGE TO FOLLOW]

BY SIGNING BELOW YOU ARE AGREEING TO COMPLY WITH ALL OF THE TERMS AND CONDITIONS SET FORTH IN THIS AGREEMENT INCLUDING BUT NOT LIMITED TO ASSUMING SOLE RESPONSIBILITY FOR ALL RISKS, KNOWN AND UNKNOWN, THAT MAY ARISE FROM YOUR PARTICIPATION IN THE SERVICE LEARNING EXPERIENCE

IN WITNESS whereof, I understand and have read, reviewed, and executed this Agreement on this the ___ day of _____, 20__.

Participant

Signed before me this ___ day of _____, 20__.

Witness


Signature of Parent of Guardian (if Participant is less than 18 years of age)

GEOG 480/481/H

Course or Program

Leslie A. Duram

Course or Program Supervisor Printed Name



Course or Program Supervisor Signature