SERVICE LEARNING RELEASE

I request participation in service-learning field placement, and/or community-based volunteer experiences offered by the University of Alabama Center for Ethics and Social Responsibility ("Service Learning"). In consideration of the educational and other opportunities, the receipt and adequacy of which is acknowledged, I agree to the following:

Release. I knowingly and voluntarily **waive, release, exculpate, and discharge** any and all claims for damages for personal injury, including death, which I may have, or which may hereafter accrue to me or my heirs, assigns, or next of kin, foreseen or unforeseen, as a result of my participation in Service Learning. This is intended by me to discharge in advance The Board of Trustees of The University of Alabama, its affiliated foundations, the Center for Ethics and Social Responsibility, and each of their respective trustees, officers, employees, volunteers, professors, staff, and agents, and any other representatives of the University (hereinafter the "Releasees"), from and against any and all liability arising out of or connected in any way whatsoever with my participation in Service Learning, including any and all claims, actions, suits, proceedings, damages, costs and expenses, including attorney fees and costs of litigation, related thereto (any "Liabilities").

Assumption of Risk. I understand that my participation in Service Learning involves risk, and may cause me to suffer an injury, severe health problems, loss of personal property, or even death. These risks include, without limitation, risks to health, both known and unknown; traveling off campus or during the Service Learning; risks from premises or other areas adjacent to area where services are to be provided; risks such as falls, crashes, or other accidents; risks from injuries, such as sprains, breaks, or pulls; risks from clients, other persons and participants; and other risks both within and beyond the control of the University, Releasees or others. I understand that the University does not control the premises at which Service Learning will take place, nor the entity or persons for which I may provide such services. I have made my own investigation and am willing to accept these risks. I further acknowledge and agree that I may choose to cease participation in Service Learning at any time. **Knowing and understanding the risks, nevertheless, I hereby agree to assume any and all risk of injury, including death, or sickness and to release and hold harmless the Releasees from any Liabilities**.

Indemnification. Knowing and understanding the risks of injury involved with Service Learning, nevertheless, I hereby agree to indemnify and hold harmless the Releasees, from and against any and all Liabilities, connected with, or resulting from the Service Learning experience.

Health Care and Insurance. I agree and understand that neither the University nor any of the other Releasees accepts responsibility nor liability for providing health care services, health care insurance, or other insurance, including automobile insurance, for me. Such expenses and liabilities remain my responsibility. I hereby agree that if I have any medical or mental condition that could impact the welfare and safety of myself and others, that I can choose to timely disclose that information to protect myself or others. I represent and warrant that I am physically fit enough to participate in Service Learning and maintain a level of personal safety in this environment; and that I have had the opportunity to consult with medical providers of my choosing should I have any questions regarding participation in Service Learning. If I am under the care of a medical provider, I will act in accordance with all instructions and restrictions of that provider.

Student Code of Conduct. I understand that I am subject to the Student Code of Conduct for activities both on and off campus. I may also be expected to follow reasonable rules and regulations of the entity for which I am providing service.

Acknowledgement. I acknowledge that I have read this document and that I am relying wholly upon my own judgment, belief, and knowledge. As of the date of this document I am 19 years of age or older. **If I am under the age of 19, my parent or guardian has signed below, accepting all provisions hereof on my and her/his behalf.** I have full authority to enter into this document.

_____	_____	_____
Participant Date	Parent / Guardian Date (if necessary)	Witness Date

Emergency contact:

_____

Name Relationship Phone (Home/Work/Cell)