

STUDENT CONSENT FORM (RELEASE AND HOLD HARMLESS AGREEMENT)

I, _____, in consideration of the opportunity to participate in the co-curricular service-learning experience as part of the fulfillment of the requirements for the Service-Learning Advantage, do hereby release, waive, and hold harmless Truman State University, its curators, officers, agents and employees, from and against any and all claims, demands or causes of action of any type whatsoever, including property damage, personal injury or death, arising out of or in any way relating to my participation in the Service-Learning Advantage project in which I will participate.

I am aware that there are risks and dangers associated with my participation in community service projects, including the risk of property damage, personal injury or death. I understand that I may be in areas with higher than average crime rates where violent crime occurs. I assume full responsibility for any injuries or damages I may sustain as a result of my participation, including while traveling to or from a service project.

I understand that I am solely responsible for any medical costs I may incur as a result of my participation in the Service-Learning Advantage project.

I acknowledge that the service-learning experience does not create an employee/employer or independent contractor relationship with Truman State University or with any entity where I am placed and that I will not receive, cannot accept or claim entitlement to any wages, benefits, workers' compensation or any other form of compensation. I understand that the University may not provide any Accident or Medical Insurance.

This agreement is binding upon the members of my family, spouse, my estate, heirs, administrators, personal representatives, assigns and any other person entitled to act on my behalf. This agreement shall be construed under the laws of Missouri.

I have read and understand the terms of this Release and Hold Harmless Agreement and agree to all terms and conditions. I am of lawful age (above 18 years old) and legally competent to sign this waiver and release, and I have signed this document of my own free will.

I understand that I may choose to record my participation in the Service-Learning Advantage on my co-curricular record. I also understand that to do so, I must fulfill the following requirements:

- Student Consent Forms (signed)
- Pre-Project Student Survey (on-line)
- Post-Project Student Survey (on-line)
- Attend a STAR (Reflection) Session

I _____ (*print or type your name*) give Truman State University permission to utilize for University purpose all images taken of me during my involvement in the service-learning project between _____ (beginning date of this academic semester) and _____ (ending date of this academic semester). I understand that I will not be paid regardless of how the images are used. All photographs, proofs, negatives, and electronic images and all rights therein shall remain the property of Truman State University. This agreement is in force on _____, 20____, by _____.
(*Print or type your name*)

Student Signature

Truman Student Email (**required**)

