



**Academic Service-Learning Program
Liability Waiver and Medical Form**

Please return to the Service-Learning Coordinator before you begin your service-learning.

Assumption of Risk and Release of Liability

I, _____, participating in the CSE Service- Learning Program, hereby release, waive and hold harmless the College of Saint Elizabeth, the Service- Learning Program, their officers, agents and employees, from and against any claims, demands or causes of action of any type whatsoever, including property damage or personal injury, arising out of or in any way related to my participation.

I am aware that there are possible risks and dangers associated with my participation in this service-learning. I acknowledge that my participation at locations of my own finding or referred to me by the Service-learning Coordinator was done so in good faith. I assume full responsibility for any injuries or damages I may sustain as a result of my participation, including travel to or from the service-learning site. In addition, I assume liability for and agree to indemnify and to hold the College of Saint Elizabeth and its employees harmless for all claims and damages caused, in whole or part, by me and any negligent, intentional, or other act or omission on my part.

By signing this waiver of liability and release, I acknowledge that I have read and understood this document and fully agree to its terms and conditions.

Student Signature _____ Date _____

Student Name (print) _____ Date _____

Optional (You do not need to complete this section)

Emergency Medical Information Request

Emergency Contact _____ Relationship to Student _____

Address _____ Phone Number _____

Health Insurance Company _____

Policy Number _____

Are you on any type of medication during this activity? Yes No If yes, please specify.