Student Service Learning Release

_____ _____
Student's name (Please print) Student's ID number

_____ _____
Student's Address Student's Home Phone

_____ _____
City, State, Zip Code Other Phone

_____
Email address

Academic Period: Year _____ Fall____ Spring ____ Summer session ____

_____ _____
Course Title and Number Name of Professor

_____ _____
Emergency Contact Person Phone Number

_____ _____
Community Partner (Agency or Organization) Phone Number

_____ _____
Community Partner Supervisor's Name Phone Number (if different)

Student Agreement
As a student committed to a service learning component in my education, I agree to complete the required time in fulfillment of the service learning component during the current academic semester.

Austin Community College has my permission to use all or any part of my statement and/or my image (photograph) related to my experience in service learning activities in any advertisement (printed and/or electronic) and any publication promoting the College and/or its programs. (If no, initial here _____)

Assumption of Risk Statement
_____ 18 years of age or over _____ under 18 years of age

I, the undersigned, being 18 years of age or older, or in the capacity of a parent or legal guardian for the student identified above, do hereby acknowledge that there may be risks of physical harm and injury inherent in service learning activities including, but not limited to working with people, participating in community activities, cleaning and maintenance projects, serving in public schools or other community institutions, and other service learning activities, and in transportation to and from service learning work sites. As partial consideration of being allowed to participate in this Service Learning activity with Austin Community College (ACC), I hereby assume all risks involved in the service activities, acknowledge that workers compensation benefits are not extended to me in my capacity as server/volunteer, and hold Austin Community College, its employees, officers, agents and representatives, and Board of Trustees harmless. This release and waiver shall be binding on my heirs, administrators, and assigns.

I understand and acknowledge that the College is not affiliated with, nor does it have a right of control over the operations of, the Agency. The College's sole role is to facilitate placement of willing student enrollees with agencies who are willing to provide service opportunities. The College is not responsible for any errors, omissions, or negligence on the part of the Agency, its employees, directors, volunteers, or Affiliates. I am further advised that the agency may not maintain sufficient liability coverage to compensate an individual student for any harm experienced during the course of service at the Agency.

I specifically acknowledge that in performing these activities, I am doing so in the status of a service volunteer for the community agency, and not a service volunteer, employee, or agent of ACC. I assume full and complete responsibility for any injury or accident which may occur to me or the vehicle in which I am driving or riding in connection with the service program and/or activity.

Legal guardian: I specifically grant this waiver of claims for myself and/or on behalf of my ward identified above and will hold harmless such institutions and individuals from any claims.

Check one: _____ student _____ parent _____ legal guardian

_____ _____

Name (please print) Signature

_____

Date

Note: If you have questions about the existence or sufficiency of liability insurance coverage at your proposed service placement, please contact the specific agency directly. Any student who objects to assignment to a service agency which the student deems to possess insufficient insurance coverage may request assignment to a different agency, subject to available placement openings.