

**SERVICE LEARNING PROGRAM
AGREEMENT**

The undersigned desires to participate in a Service Learning Program ["Program"] in association with _____ (course name) at Murray State University ["MSU"].

In consideration of participation in the Program and in order to facilitate and maintain the continued viability of the Program and MSU, both of which provide substantial direct benefit to me, I acknowledge and agree as follows:

1. I will at all times obey the policies and procedures of any Facility at which the Program is performed.
2. I understand and agree that I am not an employee of either MSU or any Facility at which the Program is performed and will receive no payment or benefits of employment.
3. I am solely responsible for providing my own health insurance throughout the Program and am responsible for any medical costs incurred.
4. I am solely responsible for arranging my own transportation for any and all travel in connection with the Program, and accept all risks in connection therewith.
5. I am aware that participation in the Program may be physically and emotionally demanding, and entails risks of injury, including death, and that activities may take place in locations or Facilities with potential for criminal and other hazardous activities and conditions and without readily available medical care. I, on behalf of myself, my heirs, my estate, and my assigns, do hereby release and agree to indemnify MSU; its officers, Board of Regents and members thereof, agents and employees; and all other persons or entities [the "released parties"] from any and all claims, of whatever nature or kind and including any claim for injury or death, which may occur in connection with or arise out of my participation in the Program or any activity associated therewith, including any travel associated in any manner with or necessitated by the Program. This release and agreement to indemnify is intended to be total and complete and is to include any act or wrongdoing, of whatever nature or kind including negligence whether simple or gross, of or by the released parties, or any of them.

This Agreement and Release is entered into voluntarily. I represent that I am 18 years of age or older.

This the _____ day of _____, 200____.

COMMONWEALTH OF KENTUCKY
COUNTY OF CALLOWAY

The foregoing Agreement and Release was executed before the undersigned Notary Public by _____ to be his/her act and deed, on this _____ day of _____, 200____.

NOTARY PUBLIC

My commission expires:_____