

**Murray State University  
Service Learning Program – Student Form (Minor)**

\_\_\_\_\_  
(Print Student Name)

\_\_\_\_\_  
(Course #)

\_\_\_\_\_  
(Print Faculty Name)

**Agreement and Waiver and Release of Liability:**

The above named student desires to participate in a Service Learning Program [“Program”] in association with 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 the student, the student acknowledges and agrees 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.

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)

I, as parent/guardian of student hereby acknowledge and agree to the responsibilities listed in Nos. 1-4, above. 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. As parent/guardian of the student and on behalf of myself and the student, his/her and my estate, heirs, personal representatives, administrators, and assigns acknowledge that I and on behalf of the student, 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 student’s 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, 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. I have read this form and fully understand that by signing this form, I, on behalf of myself and the student am giving up legal rights and/or remedies which may be available to me and the student against the Released Parties. I further certify that I am the legal guardian and/or parent of the student and have authority to sign on behalf of the student.**

\_\_\_\_\_  
(Signature of Parent or Legal Guardian if Student is under 18)

\_\_\_\_\_  
(Date)

**Medical Information and Authorization to Release Information:**

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician to be contacted: \_\_\_\_\_

Phone: \_\_\_\_\_

It is my responsibility to request any accommodation, based on documented need provided separately, necessary to participate in the Service Learning Program. Other conditions about which Murray State or the Facility at which any Service Learning Program is conducted should be aware are **[PROVIDING THE FOLLOWING INFORMATION IS OPTIONAL BUT MAY BE OF ASSISTANCE IN THE EVENT OF EMERGENCY]:**

- Allergies/Medical conditions: \_\_\_\_\_
- Medications taken regularly: \_\_\_\_\_

I acknowledge my responsibility to keep current any medical information supplied by me. I understand that the information I am providing will be kept confidential and only visible to any instructor in the Service Learning Program course, other course administrators if present in the course, and system administrators. I further consent to the release of the information provided here to personnel at any Facility at which any Service Learning Project is conducted. In case of emergency, I authorize a representative of Murray State University or the Facility to contact the physician indicated above, inform the emergency contact(s) listed above of the student’s situation, arrange for emergency medical transportation and treatment, and release any medical information supplied herein to medical personnel and emergency contact(s) listed above. This is a consent to release information for purposes of the Family Educational Rights and Privacy Act.

**This Agreement and Release is entered into voluntarily. I represent that I am 18 years of age or older. I further certify that I am the legal guardian and/or parent of the student and have authority to sign on behalf of the student.**

\_\_\_\_\_  
(Signature of Parent or Legal Guardian if Student is under 18)

\_\_\_\_\_  
(Date)