

## Service Learning Participation and Release Form

I, \_\_\_\_\_ (print name) have decided to participate in service learning activities. I understand that the purposes of service learning include providing me with the opportunity to realize academic learning objectives through participation in community service, enhancement of the learning process by connecting theory with experience, and providing me with an opportunity to provide direct and meaningful service to the community at large.

I understand and acknowledge that participating in this activity is a privilege. While participating in this activity, I will follow all University policies, rules and regulations, including those contained in the Student Catalog and Student Handbook. Failure to comply with any University policies, rules or regulations may result in my removal from participation in service learning activities, disciplinary action, or both. I also agree to follow all rules, policies, attendance requirements, and procedures of the facility, organization, or community location where my service learning activities occur. I agree to comport my conduct to the highest standards of appearance, ethics, honesty, and professionalism.

I am not suffering from any medical condition, impairment, or disease that would prevent my safe participation in any of the activities involved in this program. I will use care for my own safety and well-being and for the safety and well-being of others. I have not been advised by a physician or any other health care provider to limit my travel or activities. I have either had a physical examination and received my physician's permission to participate, or I have decided to participate in these activities without the approval of my physician. I assume all responsibility for my participation in the activities.

I understand that service learning activities occur off-campus and at facilities that are not owned by or a part of TSU. Travel to these locations will require me to travel by foot, bus, automobile or otherwise using public streets and thoroughways and is potentially hazardous. The inherent risks of service learning activities and travel include injury, accident, and death. I am voluntarily participating in this activity with knowledge of the risk(s) involved. I have reached the age of majority, and I am competent to make this decision for myself, or, if I am a minor, I have obtained the permission of a parent or legal guardian. I agree to assume and accept any and all risks, including injury or death.

TSU and the State of Tennessee assume no responsibility for personal injury or conduct by any person, whether a program participant or not, causing personal injury or personal property loss, including loss of clothing, shoes, eyeglasses, back packs, purses, wallets, calculators, cameras, cell phones, computers, or other personally owned books, jewelry, money, video, audio, or technological equipment. This acknowledgment does not affect my rights as to any person who injures or damages my person, property, or possessions.

I agree to not hold TSU liable for any loss or injury that occurs while I am traveling or participating in program activities or related activities, including travel to and from physical locations where activities occur. I excuse, release, and forever discharge the State of Tennessee, TSU, its officers, employees, and representatives (the "releasees") from any and all liability for injuries or damages resulting from my participation program activities or travel. I also release the releasees from any responsibility or liability for injury or damage to myself or injury or damage I cause to others, including that caused by the negligent act(s) or omission(s) of releasees or in any way arising out of or connected with my participation in any travel, program activity or program-related activity, or the use of any vehicle or equipment, whether owned by myself or others. This release will also prevent my family from suing releasees and binds my spouse, if I have one, my estate, siblings, parents, heirs, and assigns. I acknowledge that TSU will not provide medical treatment or medical coverage if I am injured or if I injure someone else, and that TSU will be in no way responsible for any injury, loss, or untoward event that occurs.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Parent or Guardian if  
Less than 18 Years of Age