

Service Learning Sign-Up Form



MARQUETTE
UNIVERSITY
SERVICE LEARNING
PROGRAM

Date: _____

MUID: _____

LAST Name: _____

Professor: _____

FIRST Name: _____

Course: _____

Phone: _____

Site Choice: _____

Local Address: _____

Have you done Service Learning before?

YES NO

City: _____ Zip: _____

If YES, for how many of your previous courses? _____

E-mail: _____

If participating in Service Learning for two classes, please fill out the following information:

Major(s): _____

Professor II: _____

Gender: M F TRANS

Course II: _____

Year in School: FR SO JR SR GRAD

How will you travel to your site? Via:

Car Bus Walk

Site Choice II: _____

Will you be traveling to/from your site with another student?

YES NO

LIABILITY RELEASE AND WAIVER

This legally binding Release is made by _____ (“Participant”) to **Marquette University** (“Marquette”) **and by** Participant’s parent/legal guardian (“Parent”) if Participant is under 18 years of age. The term “Undersigned” refers to Participant (and to his/her Parent, if Participant is a minor).

The Undersigned fully recognizes that there are dangers and risks to which Participant may be exposed by

participating in Marquette University’s **Service Learning program** at _____
(Agency)

and partaking in _____ **(“Activity”)**.
(Activity/Activities)

The Undersigned has signed this “Release and Waiver” in full recognition and appreciation of the dangers, hazards, and risks of said Activity, which dangers include, but are not limited to, physical injuries (minimal, serious, or catastrophic) and/or property loss or damage. The Undersigned understands that Marquette does not require the Participant to participate in this activity, but Participant desires to do so, despite the possible dangers and risks and despite this Release. If the Participant is under 18 years of age, the Participant’s Parent hereby grants permission for the Participant to participate in said Activity. The Undersigned submits that Participant is physically able to participate in this Activity.

If Participant is under 18 years of age and a medical emergency arises in which a Parent cannot be immediately contacted, the Undersigned grants permission to Marquette to administer first aid to and/or to obtain emergency medical treatment for Participant. If the Participant is 18 years or older, the Participant grants Marquette permission to administer first aid to and/or to obtain emergency medical treatment for Participant in the event of a medical emergency. The Undersigned agrees to pay for any/all costs of such medical treatment.

The Undersigned therefore agrees to assume and take on all the risks and responsibilities in any way associated with this Activity. In consideration of, and in return for, services, facilities, and other assistance provided to Participant by Marquette in this Activity, the Undersigned releases Marquette (and its governing board, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to the Participant, up to and including death, or from damage to or loss of property in connection with this Activity. The Undersigned understands that this Release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of Marquette (or its governing board, employees, or agents), including but not limited to negligence, mistake, or failure to supervise by Marquette.

The Undersigned recognizes that this Release means that Participant and his/her Parent(s) are giving up, among other things, rights to sue Marquette, its governing board, employees, and agents for injuries, damages or losses incurred. The Undersigned also understands that this Release binds Participant and his/her heirs, executors, administrators, and assigns. The Undersigned has read this entire Release, fully understands it and agrees to be legally bound by it.

Participant’s Signature

Date

Parent/Guardian Signature if Participant is under 18 years of age

Date