

Service Learning Sign-Up Form



Date: _____

MUID: _____

LAST Name: _____

FIRST Name: _____

Phone: _____

Local Address: _____

City: _____ Zip: _____

E-mail: _____

Major(s): _____

Gender: M F TRANS

Yr. in School: FR SO JR SR GRAD

Car Available? YES NO

Have you done Service Learning before?

YES NO

Professor: _____

Course: _____

Site Choice: _____

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

Professor II: _____

Course II: _____

Site Choice II: _____

Independent Placement Agreement

Students: If you have chosen a placement that is not among those offered for your course you **must** complete this form and have it signed **before** coming to the Service Learning office to sign up.

Name of Placement Organization: _____

Address: _____ Site Supervisor: _____

Days/hours that you will be providing service: _____

Brief description of placement: (basic mission, population served, service provided): _____

What kind of service will you perform at the site? _____

How will working at this site connect with the material in your course? _____

Site Supervisor's Signature: _____

Professor's Signature: _____

Office Use Only:

Unlisted Site

Independent Site

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 Participant to participate in this activity, but Participant desires to do so, despite the possible dangers and risks and despite this Release. If Participant is under 18 years of age, Participant’s Parent hereby grants permission for 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 Participant is 18 years or older, 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 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 Participant, up to and including death, or from damage to or loss of property in connection with 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