Service Learning Independent Registration Form

Date:__________________________________

MUID:__________________________________

**LAST** Name:____________________________________
**FIRST** Name:____________________________________
Phone:__________________________________________
E-mail:_____________________________@marquette.edu
Major(s):________________________________________________
Gender: M F TRANS
Year in School: FR SO JR SR GRAD

How will you travel to your site? Car Bus Walk

Have you done Service Learning before? YES NO

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

If participating in Service Learning for more than one class this semester, please fill out the following information:

Professor:__________________________________________
Course:____________________________________________
Service Site Choice:___________________________________

Professor II:__________________________________________
Course II:____________________________________________
Service Site Choice II:__________________________________

Independent Placement Agreement

**Students:** If you have chosen to set-up an alternative placement on your own, you **must** complete this form and have it signed by your supervisor at the agency and your professor before returning it to the Service Learning Program office, located in the 707 Building, Room 303.

Name of Placement Organization: ________________________________________________________________
Address: ____________________________________________ Site Supervisor: ______________________________
Days/hours that you will be providing service: ______________________________________________________
Brief description of organization: (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:______________________________________________________________

(Continued on back)
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”).

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

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

_______________________________________________
Date

_______________________________________________
Date