



**Service Learning Program (S.L.)  
Acknowledgement, Informed Consent and Liability Release**

I, \_\_\_\_\_, ID# \_\_\_\_\_  
(Student Name- please print)

Plan to undertake a service learning activity during \_\_\_\_\_ at the  
(Semester / Year)

\_\_\_\_\_  
Service Learning Site or Program Name & Location (see add'l program info attached)

I acknowledge that I have read, agreed to and understand the terms of the service learning agreement and objectives. I understand that although learning parameters are established, Stetson University cannot guarantee that the host organization or community site will provide for all learning objectives nor continue the service in its entirety. I acknowledge that Stetson University cannot fully control the way in which the service learning site is structured or operates, and despite precautions, any S.L. program or travel carries with it potential hazards which are beyond the control of the university, its agents, and employees. I further agree that all University parties are only responsible for the general supervision of the educational aspects necessary to provide an appropriate learning experience, and that they cannot and do not guarantee my personal safety.

I agree that my safety is primarily dependent upon my taking proper care of myself, and understand that it is my responsibility to report to my instructor, any significant difficulties, problems or safety issues I encounter while at the internship site. I acknowledge that Stetson University does not provide health and accident insurance for service learning participants, and agree that I will be responsible for any medical expenses, property loss, or other personal expenditures that result from my S.L. program or travel. I also hereby consent and give authorization to my host/local organization or the university to secure emergency medical treatment for me in event I am unable to.

I understand that by participating in this service learning program, I must abide by the rules and regulations of the organization with whom I am interacting with. I agree that I will behave in an ethical manner during the semester and will follow Stetson's Student Code of Conduct. I will not divulge confidential information obtained at the S.L. site. I understand that should my conduct result in the termination of my service learning activity, this could result in loss of academic credit.

I understand that vehicle travel includes risk of accident, bodily injury, property damages and even death, and further agree that if I drive or provide my own motor vehicle for transportation to, during or from the program site, I am responsible for my own acts and for the safety and the security of my own vehicle. I accept full responsibility for the liability of myself and my passengers, and I understand that if I am a passenger in such a private vehicle, Stetson University and its personnel are not in any way responsible for the safety of such transportation and that the University's insurance does not cover any damage or injury suffered in the course of traveling in such a vehicle.

In consideration of the service learning opportunity afforded, with full knowledge and acceptance of the risks associated with S.L. activities and travel, and with full understanding of the above issues and conditions, I hereby release, indemnify and hold harmless Stetson University, Inc, its faculty, staff, trustees, officers, and agents from all form and manner of risks inherent, and from all claims and demands of any nature arising from participation in said service learning program and activities.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**SERVICE LEARNING SITE INFORMATION REGARDING TRAVEL, PROGRAM ACTIVITIES  
AND AREA CONDITIONS**

(Note: if overseas, please attach U.S. State Dept. Consular info sheets – [www.travel.state.gov](http://www.travel.state.gov) )

**Name of Service Learning Program:** \_\_\_\_\_

**Modes of Travel included in Program/Activity:** (bus, van, water vessel, air, train, foot etc)  
\_\_\_\_\_

**Note: If this box is checked, participants will be responsible for their own travel to and from the Service Learning program site.**

**Physical Activities, Risks, Conditions and Precaution Considerations specific to Program Site Area and Activities:**  
\_\_\_\_\_

**Training, equipment, tools, materials, supplies or personal protective equipment needed:**  
\_\_\_\_\_

**I have thoroughly read and understand the preceding information and understand the associated risks and precautions given therefore.**

Participant Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Information or Instruction:

Participant Special Needs Request: