

## Consent, Assumption of Risk, Waiver, and Indemnity Agreement

EWU Office of Community Engagement / Service-Learning Courses / 2017-2018 Academic year

For and in consideration for the opportunity to participate in these service-learning opportunities, Participant voluntarily agrees to the following terms and conditions:

1. I certify that I have read this document, understand its provisions, and agree to its terms, which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for participating in Service-Learning Courses.
2. I acknowledge that my participation is voluntary. I also agree that for the purpose of this Agreement, "service-learning opportunities" includes participation in any volunteer or service activities that are conducted as part of any Service-Learning Courses that are facilitated by the EWU Office of Community Engagement for the academic year of 2017-2018.
3. I understand and acknowledge that the service-learning opportunities include some inherent and dangerous risks that could result in harm, loss, damage, personal injuries, illnesses, or death. Risks include, but are not limited to, falling, slipping, muscle or skeletal injuries, collisions, and respiratory issues. I voluntarily choose to participate in these service-learning opportunities with full knowledge that the activities may be hazardous. **I voluntarily assume full responsibility for any risks of injury, loss, or property damage.**
4. I will hold EWU, its employees, volunteers, and agents harmless from any and all liability, actions, causes of action, debts, claims, and all demands arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself, or any property belonging to me, while participating in these service-learning opportunities, or any activities related to these service-learning opportunities. This agreement shall serve as a release and discharge of EWU for any and all liability arising out of or related to these service-learning opportunities on behalf of myself, my heirs, assigns, or other successors in interest. I agree to indemnify EWU for all loss, damage and expense of any kind or character arising out of injury, death, damage, or loss due to my participation in these service-learning opportunities.
5. I certify that I am in good health and have no physical, medical, mental or emotional impairments, conditions or concerns that might jeopardize or affect my safety, or the safety of others, related to my participation in these service-learning opportunities. I further understand and acknowledge that:
  - a. I should consult with a medical professional to confirm fitness for participation in these service-learning opportunities;
  - b. If I have a prescription for medications or am taking over the counter medications, I should confirm with my medical provider whether the medications will impact my participation in these service-learning opportunities; and,
  - c. I should not participate in these service-learning opportunities while under the influence of any medication that may impact my ability to safely participate.
6. Neither EWU, nor their employees/agents serve as guardians or insurers of my safety. EWU does not provide any special insurance for my protection, and it is my responsibility to obtain any appropriate insurance. I agree that any and all expenses arising from an accident or injury to myself or my property, including but not limited to, emergency transport; emergency medical services; medical treatment; and damage or loss to property are my responsibilities. I have obtained and agree to use my personal medical insurance as primary medical coverage if accident or injury occur.
7. I have notified the supervising instructor/staff member of any existing medical condition or medication that could affect my ability to fully participate in these service-learning opportunities. In the event that any medical attention is needed and I am unable to provide consent on my own behalf, I consent to emergency medical treatment and grant EWU and its agents full authority to take whatever actions they may consider to be warranted under the circumstances concerning my health and safety. This includes, but is not limited to, the authority and permission to arrange/provide transportation, approval for a hospital, medical treatment facility, and/or health care provider to provide medical exams, testing, medical treatment, and any medical procedures immediately necessary and advisable in the interest of my health and well-being, all at my expense.
8. I grant full permission for EWU to use any photographs, recordings, or any other record of these service-learning opportunities for any purpose.
9. I authorize EWU to release information regarding my participation in Service-learning Courses before, during, and after my absence to the below stated emergency contact(s). This information includes, but is not limited to: Medical Information. This consent is a waiver of my rights under the Family Educational Records Privacy Act.

***By my signature below, I certify that I am over the age of 18 and legally competent to sign this form. I certify that I have completely read this document, understand its provisions, and voluntarily accept its terms which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for participating in the Service-learning Courses.***

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_