

CONSENT, ASSUMPTION OF RISK, WAIVER AND INDEMNITY AGREEMENT FOR MINORS

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

This form is required for children who wish to participate in Service-Learning Courses. Minors cannot participate in the Service-Learning Courses without the minor's parent/guardian signing this form.

For and in consideration for the opportunity for his/her child to participate in these service-learning opportunities, the below parent/guardian 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 my child's participation in the Service-Learning Courses.
2. I acknowledge that 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 2017-2018 academic year.
3. I understand and acknowledge that these 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, tripping, muscle or skeletal injuries, collisions, and respiratory issues. I voluntarily choose to allow my child 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 my child, or any property belonging to me or my child, 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 child's participation in these service-learning opportunities.
5. I certify that my child is in good health and has no physical, medical, mental or emotional impairments, conditions or concerns that might jeopardize or affect their safety, or the safety of others, related to my child's participation in these service-learning opportunities. I further understand and acknowledge that:
 - a. I should consult with a medical professional to confirm my child's fitness for participation in these service-learning opportunities;
 - b. If my child has a prescription for medications or is taking over the counter medications, I should confirm with my child's medical provider whether the medications will impact my child's participation in these service-learning opportunities; and,
 - c. My child should not participate in these service-learning opportunities while under the influence of any medication that may impact his/her ability to safely participate.
6. Neither EWU, nor their employees/agents serve as guardians or insurers of my child's safety. EWU does not provide any special insurance for my child's 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 my child or myself or to my or my child's 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 for my child 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 child's 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, 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 the health and safety of my child. 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 child's 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 child's participation in Service-learning Courses before, during, and after my child's 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 child's rights under the family Educational Records Privacy Act.

By my signature below, I certify I am the legal parent or guardian of the named child, 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 my child's participation in Service-learning Courses.

Minor's Name (Please Print)

Minor's Date of Birth

Parent/Guardian's Name (Please Print)

Parent/Guardian's Signature / Date

Emergency Contact Name

Emergency Contact Phone Number