I understand that the community service work required for this class of the College of Saint Benedict/ Saint John’s University is a “hands-on” service educational opportunity. I agree to engage in activities related to visiting one of the sites. Therefore, I agree:

1) **Waiver and Release.** I hereby release and forever discharge and hold harmless the College of Saint Benedict/Saint John’s University, volunteer coordinators, class professors and other successors and assigns from any and all liability, claims, and demands of whatever kind or nature either in law or in equity, which arise or may hereafter arise from my volunteer work experience through the Service Learning Initiative.

I understand and acknowledge that this Release discharges the College of Saint Benedict/ Saint John’s University from any liability or claim that I may have against the College of Saint Benedict/ Saint John’s University with respect to any bodily injury, personal injury, illness, death or property damage that may result from volunteer work, whether caused by the negligence of the College of Saint Benedict/ Saint John’s University, service coordinators, or otherwise. I also understand that, except as otherwise agreed in writing, the College of Saint Benedict/ Saint John’s University does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

2.) **Medical Treatment.** Except as otherwise agreed by the College of Saint Benedict/ Saint John’s University from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my work on a service project or requirement.

3.) **Assumption of the Risk.** I understand that volunteer work may include activities that may be hazardous to myself including, but not limited to, construction, loading and unloading and transportation to and from sites. In connection thereto, I recognize and understand that the activities may in some situations, involve inherently dangerous activities.

I hereby express and specifically assume the risk of injury, illness, death, or property damage resulting from the activities as a volunteer fulfilling service requirements.

4.) **Insurance.** I understand that, except as otherwise agreed by the College of Saint Benedict/ Saint John’s University in writing, the College of Saint Benedict/ Saint John’s University does not carry or maintain health, medical, or disability insurance coverage for any participant. I am expected and encouraged to obtain my own medical or health insurance coverage.

5.) **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State that my volunteer experience may be in as well as the expectations and policies of the College of Saint Benedict/ Saint John’s University.

Name (please print)_________________________

Signature _________________________________     Date:_______________________________