PARENTAL INFORMED CONSENT, AGREEMENT, RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK FOR MINORS (UNDER 18)

I, ____________________________, parent/legal guardian of student ____________________________, hereby give permission for my son/daughter to participate in the service learning program sponsored by Sacramento State, Community Engagement Center.

I hereby authorize service learning program directors, staff and assistants to engage in the following:

1. To allow my son/daughter to participate in off-campus service learning activities.
2. To use my son/daughter's name, photograph and quotes in service learning press releases and publications.
3. To obtain and authorize emergency medical treatment for my son/daughter, up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses.

FOR GOOD AND VALUABLE CONSIDERATION, including permission to participate in the Sacramento State ("University"). Community Engagement Center service learning program and activities related to course (print service learning course name and number, i.e. BIO 184) ____________________________, I for myself, my successors, heirs, assigns, executors, and administrators:

1. Agree and understand that my child's work and experience in the Community Engagement Center service learning program in no way creates an employee/employer relationship with the University. I agree and understand that my child's participation is voluntary and purely that of being a student at the University.
2. Agree that my child is responsible for his/her own transportation to and from the placement site. The placement site may be located in various locations away from the University campus. The placement site shall be my child's field experience (or Internship) worksite. A safe commute is my child's sole responsibility and expense.
3. Agree that prior to participating, my child will inspect the placement site's facilities, equipment and areas to be used, and, if he/she believes any of them are unsafe, will immediately advise the person supervising the activity, facility, or area.
4. Acknowledge that I fully understand that my child's participation may involve risk of injury or death, including economic loss which may result not only from my child's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, or this type of event or activity.
5. Agree for my child to maintain Health Insurance at my or his/her own expense that covers his/her person while a student and while participating in this program.
6. Assume any and all risks of personal injuries to my child, including medical or hospital bills, permanent or partial disability, death, and damage to my or his/her own property, caused by or arising from my child's participation in this event or activity and the negligence of the University;
7. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death of my child against the University, its officers, agents or employees, attributable to my child's participation in the event or activity and the negligence of the University;
8. Release, waive, discharge and relinquish the University and its officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against the University arising from or attributable to my child's participation in the event or activity and the negligence of the University;
9. Warrant that my child is in good health and to the best of his/her knowledge has no physical condition that would prevent him/her from participating in this event or activity;
10. Agree for my child to submit to any placement site-required background checks and respect their rules of privacy. My child may be terminated from participation at this site with or without cause.

INFORMED CONSENT, AGREEMENT, RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK

MY SIGNATURE ON THIS DOCUMENT RELEASES CALIFORNIA STATE UNIVERSITY, SACRAMENTO FROM LIABILITY FOR MY CHILD'S PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE ARISING FROM HIS/HER PARTICIPATION IN THIS ACTIVITY AND THE NEGLIGENCE OF THE UNIVERSITY. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY.

_______________________________________  _______________________________________
PARENT/GUARDIAN NAME (PRINT)          PARENT/GUARDIAN SIGNATURE    DATE
_______________________________________  _______________________________________
STUDENT SIGNATURE   DATE  STUDENT CONTACT PHONE AND SACLINK ID