

SERVICE-LEARNING

THE RICHARD STOCKTON COLLEGE OF NEW JERSEY

Release of Liability

I, _____ (print name), have voluntarily agreed to participate in the Stockton Service-Learning Program, scheduled to begin on or around _____. This program involves personal transportation from the school to the community-based site. I have attended a service-learning orientation and I believe that I am physically, medically, and mentally capable of participating in such activity. If there are any medical or other concerns that might limit my participation in such an event, I have advised appropriate personnel of such concerns. I am agreeing of my own free will to participate in this activity and to the use of any equipment associated with this activity. I agree that should any equipment or facilities at the community organization be damaged arising out of my participation that I am financially responsible.

I have personally and willingly assumed responsibility of all known and unforeseen risks that may occur arising out of my participation in this program. On behalf of myself, and any of my heirs, assigns, or successors, I hereby agree to release and hold harmless Richard Stockton College of New Jersey and its officers, agents, servants, Board of Trustees, and employees against any damage, claim, demand, liability, judgment, loss, expense, or costs arising from participation in this activity, whether due to intentional acts or omissions or negligence of Richard Stockton College or any of its employees, servants, or agents or those of third parties or organizations. I acknowledge and agree on behalf of myself, my heirs, assigns, or successors, that I am releasing Richard Stockton College of New Jersey from any liabilities in law or equity, however the liability may arise, for any injuries, damages, losses, or expenses to myself or my personal property. I agree and consent that any disputes arising out of participation in this activity and any and all claims that I may bring against the State of New Jersey and the Richard Stockton College of New Jersey and their employees as a result of this activity shall be subject to the provisions of the laws of the State of New Jersey, particularly the New Jersey Tort Claims Act (N.J.S.A. 59:1-1 et seq, New Jersey Contractual Liability Act, N.J.S.A. 59:13-1 et seq) and no other action for monetary damages or other legal or equitable relief shall be brought in any other jurisdiction other than the courts of the State of New Jersey.

I certify that I have read this release; I am at least 18 years of age or, if under 18, I have cosigned this form with a legal parent or guardian; and that by my signature below, I bind myself, my heirs, assigns, administrators, and executors to this agreement. I also realize that the community agency with which I will complete my service-learning hours intends to take all necessary precautions against injuries and accidents; nevertheless, I agree that the staff, agents, and officers of this agency are free from any responsibility for accidents or mishaps. I am aware that this activity carries with it certain risks, included but not limited to driving to and from the activity. I agree to release and hold harmless the staff, agents, and officers of the agency from or for any claim(s), liability, or damages that may be incurred against them or that may be incurred as a result of an accident during volunteer placements. This release from liability includes theft, destruction of property, or any other action(s) that may damage or destroy my personal property.

I submit that I am covered by emergency health insurance, either through Stockton College or privately. I transfer and assign to any hospital or clinic in which I am confined or treated, should an accident occur, all hospitalization and insurance proceeds that may be needed. I further agree and promise to pay any amount not covered by insurance.

PRINTED NAME

SIGNATURE

DATE

Course Acronym & Number: _____ Instructor: _____

Participant Mailing Address: _____

Phone: _____ Email: _____

Emergency Contact Info: _____

Name

Phone