

DENISON UNIVERSITY
STUDENT RELEASE FORM

PLEASE PRINT

Whereas, the undersigned, _____ (student name) hereafter called 'Student' desires to have the privilege of participation in the _____, sponsored by _____ department or organization on dates _____.

Therefore, it is agreed as follows: That in consideration of Denison University, Granville, Ohio, allowing, subject to its rules and regulations, _____ (student name), the undersigned on behalf of themselves and guardian or parent, if under 18, do hereby voluntarily assume all risks of accident or damage to the person or property of the student participating in said project and do hereby release and discharge Denison University, and its agents, from every claim, liability or demand of any kind however caused for or on account of the personal injury or damage of any kind sustained by said student while participating in said project.

The student further promises to indemnify and forever save harmless Denison University or its agents from every claim, liability or demand of any kind however caused, for or on account of the personal injury or damage of any kind sustained by said student, if enrolled in said project.

In the event of an accident, the student's medical coverage, either personal coverage or the student medical plan, should respond. Additionally if a claim is made against the student participant of a personal liability nature, or for private individual activity not a part of the formal program, personal homeowners and/or renters insurance should respond.

It is expressly understood that if said student is permitted to participate in said project that such participation is subject to the rules and regulations of Denison University and that said student is subject to the controls exercised by the professors or persons in charge of said project. It is also understood that said student has read and fully understands the service learning manual, and has completed the service learning test.

Dated this ____ day of _____, 200_.

Student's signature

Parent's signature (If student is under 18)

The student is covered by: Denison University Student Medical Plan ____ Private Insurance ____

If private insurance please provide the following:

Insurance Company Name: _____ Address: _____

Policy Number: _____ ID Number _____

In case of emergency, illness requiring an operation, or if the parents cannot be quickly reached, will you leave the decision to the physician and the professors-in-charge?

Yes_ No_ (If the answer is "no", kindly explain on the reverse side of this sheet.) Parents may be reached at the following telephone numbers:

Emergency Contact: Name(s) _____

Home Phone _____ Business Phone _____

Home Phone _____ Business Phone _____

Other Close Relative: Name _____

Home Phone _____

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STUDENTS UNDER 18 YEARS OF AGE MUST HAVE PARENTS SIGNATURE.