Crossroads – Geneva's Center for Off-Campus Study

OFF-CAMPUS / SERVICE PROGRAMS

Our Town / First year Orientation Service Project

August 24, 2013

Permission and Liability Waiver

Geneva College seeks to ensure the safety and well being of students participating in the programs we sponsor. However, in any off-campus experience, there are risks. Risks associated with Geneva College sponsored off-campus programs are due to factors beyond the control of the college. Geneva College requires participants and their parents to acknowledge that the college cannot assume responsibility for such risks by signing this release. While there have been no serious mishaps associated with the Geneva College sponsored programs, it is important for participants and their parents to realize that risk is involved and to make an informed decision when participating in Geneva College sponsored programs.

I acknowledge and hereby agree as follows:

1. **Assumption of Risk and Hazards**: I understand that travel off-campus involves risks not typically found on the Geneva College campus. I am fully aware of the risks and hazards associated with participation in such a program, including but not limited to traffic accidents, travel delays and crime, which could result in property damage, injury or even death, and am fully aware that there may be risks and hazards unknown to me and not described herein connected to participation in an off-campus program. I hereby elect to participate in such program related activities (which could include but are not limited to painting, yard work, manual labor, cleaning, moving furniture, participating in church and town activities) knowing that conditions may be hazardous or dangerous to my property and person. I recognize that in case of any hazard, an official from Geneva College will make reasonable efforts to take responsible measures for the protection of program participants._____ (Initial)

2. **Release:** Knowing all the risks described above, and in consideration of being permitted to participate in an off-campus program and other assistance provided to me by Geneva College in connection with this program, I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with my participation in this program and I release and indemnify Geneva College and its representatives from any and all liability, claims, and actions that may arise from injury or harm to me, from my death, or from damage to my property in connection with this program (including periods of transit or from any country where the program is being conducted). I understand that this Agreement and Release covers liabilities, claims, and actions caused entirely or in part by any acts or failures of Geneva College, or its representatives, including but not limited to negligence, mistake or failure to supervise by Geneva College. ____ (Initial)

3. **Orientation:** I understand that I am required to attend any orientations or pre-departure meetings. It is my responsibility to make arrangements to attend any mandatory meetings._____ (Initial)

4. Insurance: I understand that I am required to have health, accident and hospitalization insurance during my participation in the off-campus program. Proof of insurance coverage must be furnished on the Student Datasheet prior to departure._____ (Initial)

5. **Medical Treatment:** In the event of illness or injury to me to such an extent that I am unable to make decisions relative to my immediate and medical condition, I authorize any official representative of Geneva College to secure medical treatment on my behalf, including surgery and administration of an anesthetic, and I accept financial responsibility for such treatment. I authorize any physician, clinic or hospital to furnish Geneva College all information related to my treatment. I understand that while this

authorization permits Geneva College to secure medical treatment on my behalf if I am unable to do so, it in no way obligates Geneva College to do so. I further agree that Geneva College and its representatives have no responsibility for, and shall be released from any claim or liability relating to any injury or damage, which may arise out of or in connection with such authorized emergency medical treatment.____ (Initial)

6. **Theft and Other Crimes:** I agree to release Geneva College and its official representatives from any liability for damage to or loss of my possessions, injury, illness or death arising out of intentional acts of third parties during this period of the program._____ (Initial)

7. **Travel:** I understand that during designated free time within a program and/or before or after the period of the program, I may elect to travel independently at my own risk and expense. I agree to inform an official representative of Geneva College of my travel plans and understand that neither Geneva College nor its official representatives are responsible for me while traveling independently during such time. I also understand that I will be traveling during the program by various modes of transportation including but not limited to air, train, bus or van, and I release Geneva College and its official representatives from any responsibilities for expenses or liability associated with any delay, loss of property, injury or death during such travel. _____ (Initial)

8. **Community Expectations**: I understand that I am participating in a supervised program, and that appropriate standards must be observed. I agree to maintain any such group standards as Geneva College may set forth, and that the Geneva College Academic and Behavior codes apply during off-campus programs. I further agree to indemnify Geneva College and its agent(s) or contractors against any consequences, which may ensue as a result of my refusal to comply with such regulations._____ **(Initial)**

9. Program Participation: I agree that Geneva College reserves the right to enforce rules, standards and instructions of Geneva College and its agents, and my participation in the program may at any time be terminated by Geneva College in the light of my failure to follow those regulations or for any other reason which the officers of Geneva College may deem to be in the best interest of the student group concerned in such a case. I agree to being sent home at my own expense with no guarantee of any subsequent refund from Geneva College. I waive the right to any due process hearing as a result of any disciplinary actions taken by the college. I understand that Geneva College reserves the right to make changes or other alterations in its published itinerary and I agree in advance to accept any such changes._____ **(Initial)**

10**. Age:** I certify that I am at least 18 (eighteen) years of age or older and fully competent._____ **(Initial)**

11**. Recognition of Legal Effect of Release**: I recognize that this Agreement and Release means that I am giving up, among other things, rights to sue Geneva College and its representatives for injuries, damages, or losses that I may incur in participating in an off-campus program. I also understand that this Release binds my heirs, executors and assigns, as well as myself._____ **(Initial)**

12. **Choice of Law and Forum:** I agree that this agreement shall be governed by the laws of the states of the United States of America, which shall be the forum for any lawsuits filed under or incident to this agreement._____ **(Initial)**

13. **Permission to Public Relations:** I acknowledge that I have already given the Geneva College Office of Public Relations permission to use student information for promotional purposes, such as news releases, postcards, announcements, etc. (If you have not done so, please contact the Office of Public Relations at 724-847-6521.) ___ (Initial)

In signing this release, I acknowledge and represent that:

A. I have carefully read the foregoing release, understand it and sign it voluntarily as my own free act and deed.

B. No oral representations, statements or inducements, apart from the foregoing written statement, have been made.

C. Execute this release for full, adequate and complete consideration fully intending to be bound by the same and intending to bind my heirs, successors, assigns, personal representatives and estate.

Students: Please sign and return at the time of application. Signed forms will be sent to your home address at a later date to obtain a parent/guardian signature if required.

Print Name_____Date_____

Signature of Participant_____

*Printed Name of Parent or Guardian_____Date_____

Signature of Parent or Guardian_____
*Signature of parent is needed only if student is less than 18 year of age.

Student Datasheet

"Our Town" First Year Service Project

Name _____**ID #** _____

Date of Birth (mm/dd/yy) _____

Geneva College Box # _____

Home Street Address_____

City _____ **State** _____ **Zip**_____

Email Address _____

Will you have a personal cell phone with you? _____ **If yes, cell phone number** _____

Name of Health Insurance: _____

Insurance Contact #_____ **Policy #**_____

1st Emergency Contact Name _____ Relationship to You _____

1st Emergency Contact Home Phone # _____ Work # _____ Cell # _____

1st Emergency Contact Email Address _____

2st Emergency Contact Name _____ Relationship to You _____

2st Emergency Contact Home Phone # _____ Work # _____ Cell # _____

2nd Emergency Contact E-mail Address _____

Allergies _____

Medical Conditions _____

Medications_____

Special Dietary Needs _____

Other Heath Related Information _____

Student's signature _____ **Date**_____