STUDENT ENROLLMENT FORM
FOR SERVICE LEARNING EXPERIENCES

The University of Tennessee, College of Arts and Sciences

Student Information: *(Student must complete form; please print)*

Name of Student *Last*	*First*	*MI*	*Student Identification Number*
Address	*City*	*State*	*ZIP*
Residence Phone ( )	*Cellular/Mobile Phone* ( )		*Email*

Emergency Contact Information:

Name of Emergency Contact Person		*Relationship to You*	
Address	*City*	*State*	*ZIP*
Daytime Phone ( )	*Evening Phone* ( )	*Other Phone* ( )	

Course Information:

Course Title and Number	*Section Number*	*Instructor's Name*

Student Check List: Initial each of the following:

_____ I have read the description of the service learning experience and I understand my participation in it.

_____ I understand I am to furnish my own transportation to and from the service learning site.

_____ I have read and understand the materials from the UT Office of Risk Management concerning Student Professional Liability Insurance. I understand that I must purchase Student Professional Liability Insurance.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I, _____, in consideration of the opportunity to participate in a service-learning experience as part of the fulfillment of the requirements for the course named above, acknowledge the risk of accident or injury inherent in working at an off-campus site. I understand that the location will not be under the control of the University and that I may be at greater risk of injury or criminal attack. I agree that The University of Tennessee will not be responsible for any personal injury, including death, to me or damage to my property, unless negligently caused by employees of The University of Tennessee. I acknowledge that any claims for personal injury, death, or property damage resulting from the negligence of The University of Tennessee employees shall be submitted to the Claims Commission for the State of Tennessee in accordance with T.C.A. S 9-8-307, et seq., as amended. I assume liability for and agree to indemnify and to hold the University and its employees harmless for all claims or damages caused, in whole or in part, by me and any negligent, intentional, or other act or omission on my part.

I agree to abide by all regulations, policies, and procedures of The University of Tennessee and of any entity where I participate in the service-learning program.

I acknowledge that the service-learning experience in the above-named course does not create an employee/employer or independent contractor relationship with The University of Tennessee or with any entity where I am placed and that I will not receive, cannot accept, or claim entitlement to any wages, benefits, workers' compensation, or any other form of compensation. I acknowledge that participation in the service-learning program is wholly voluntary. I am above the age of 18 and I have read the above statement and agree to the conditions set forth herein. This release and hold harmless agreement binds the members of my family and spouse, and my estate, heirs, administrators, personal representatives, assigns, and any other person entitled to act on my behalf. This agreement shall be construed under the laws of the State of Tennessee without regard to its conflict of law provisions and jurisdiction and venue will be in Knox County, Tennessee. If any portion of this is held to be invalid, illegal, or unenforceable, the remaining portion shall be in full force and effect.

I have read this document before signing it and I sign this document of my own free act and deed, intending to be bound by the promises I have made herein.

_____ _____

Student Signature *Date* *Service Learning Coordinator Signature* *Date*

Students under the age of 18 must have this form reviewed and signed by a parent or guardian.

I have reviewed this document and sign on behalf of the student named above. *Circle one:* Parent Guardian

_____ _____ _____

Name (Please Print) *Signature* *Date*