



**COMMUNITY CONNECTION AGREEMENT &  
STUDENT'S ASSUMPTION OF RISK, RELEASE AND WAIVER**

*Site Supervisor, students will provide service as determined by you and by their instructors. Please see to the accurate completion of this section:*

Agency/Project: _____ <small>Please Print!</small>	Phone: _____
Supervisor's Name: _____ <small>Please Print!</small>	Duties of the student: _____
This Agency agrees to supply the student with the following as needed (please check): Orientation _____ Training _____ Supervision _____ Evaluation _____	
<b>I do agree to and will uphold the terms of this agreement:</b>	
Site Supervisor Signature: _____	Date _____

I, \_\_\_\_\_, understand that there are risks involved in my participation in this  
**Print Full Name(Student)**  
volunteer service-learning project, including the risk of property damage, personal injury or death. I understand that Chaminade University's SERVICE- LEARNING PROGRAM does not provide liability insurance, or otherwise indemnify me or anyone else who may participate in this project, for any injuries or any other liabilities arising from my volunteer service.

Therefore, in consideration of my participation, I assume all risks and responsibilities surrounding this project. I release, agree to defend, hold harmless and indemnify Chaminade University, and their officers, agents, employees or representatives from and against all liabilities, claims, demands or causes of actions, including claims for property damage, personal injury, or death caused by the passive or active negligence of myself and/or Chaminade University or its officers, agents, employees or representatives, for any hidden, latent or obvious defects in equipment, or caused by any other activities of mine, or anyone else who may be a volunteer participant, during this service project. I declare that the information provided by me is correct and made in good faith.

I understand that my classroom work and photo/video likeness may be selected for use in reporting, program materials, and outreach. In this event, I will make no monetary or other claim against Chaminade University or its officers, agents, employees or representatives for such use. I hereby give my permission for the release of my work and likeness for program use. *I do agree to and will uphold the terms of the community connection agreement above.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature  
if participant is under 18 years of age

\_\_\_\_\_  
Date

**Students: This sheet is DUE in the S-L Office  
(Henry Hall 117) on Tues, February 7, 2012.  
Do you need a timesheet? Yes / No (circle one)**

(for S-L Office use only)

Timesheet given? \_\_\_\_\_ or N/A

Init \_\_\_\_\_ Date \_\_\_\_\_ ON TIME / LATE