

**NORTH HENNEPIN COMMUNITY COLLEGE
SERVICE LEARNING LIABILITY AGREEMENT**

I, _____, am a student at North Hennepin Community College (“College”) in the following class, _____ with the following instructor, _____ . I have agreed to participate in the Service Learning Program (“Program”) as a volunteer representative of the College at the following site, _____.

In consideration of being allowed to participate in the Program, I agree as follows:

Student’s Acknowledgements

1. **Transportation.** I understand and acknowledge that the College does not provide transportation for Program activities and I am responsible for using my own vehicle or making my own arrangements to travel to and from the Program.
2. **Personal Behavior.** I understand and acknowledge that I am responsible for my own behavior while participating in the program. I understand and acknowledge that while participating in the Program I am subject to the Program site’s rules, regulations and policies as well as the College’s Code of Conduct.

I acknowledge that I am familiar with the Program site’s rules, regulations and policies and will make every effort to comply with them. I understand that violation of any of the program site’s rules, regulations, policies or the College’s Code of Conduct may subject me to disciplinary action.

3. **Compliance with Laws.** I acknowledge that the College and the program site strictly adhere to federal and state laws that prohibit discrimination based on race, color, religion, national origin, sex, age, marital status, disability, sexual orientation or public assistance status. I agree to comply with these laws. I also agree that, at the first indication of behavior towards me that is inconsistent with these laws, I will immediately notify the Program site coordinator or the Program Director College so that appropriate action may be taken.
4. **Compensation.** I recognize that the Program is a volunteer activity and that I will not be compensated in any way. I acknowledge that I have no right to claim workman’s compensation, unemployment, or any other federal or state assisted employment service or program.
5. **Health.** I acknowledge that I am in good health, and have received all immunizations, check-ups, and am in compliance with the program site’s requirements. If this is not the case, I acknowledge that it is my responsibility to take any necessary actions to become compliant with these requirements.

Release/Indemnification

6. **Assumption of risk.** I understand that participation in the Program may involve certain risks including but not limited to those associated with traveling to the Program site, interacting and working with other people, and engaging in such activities as cooking, sports, maintenance, clean-up, or other duties that are part of the program. Such risks may expose me to loss of or damage to personal property, major or minor bodily injuries or death. I understand and agree to accept all program-related risks.

7. **Release.** I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release and forever discharge the College, MnSCU, the State of Minnesota and its employees, agents, officers, trustees, and representatives (in their official and individual capacities) (“Releases”) from any and all liability whatsoever for any and all damages, losses, or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney’s fees, which arise out of, result from, occur during or are connected in any manner with my participation in the Program, sponsored, supervised or controlled by the College, except for any injury or damage as may be caused by the gross negligence and/or wanton misconduct by the Releases.

8. **Indemnification.** I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the College, MnSCU, the State of Minnesota and its employees, agents, officers, trustees, and representatives (in their official and individuals capacities) from any and all liability, loss, damage, or expense, including attorney’s fees, which arise out of, occur during, or are in any way connected with my participation in the Program.

9. **Severability.** I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Minnesota, U.S.A., and that if any portion is held invalid, the balance shall, notwithstanding, continue in full legal force and effect. I agree that this Agreement is to be construed to provide a release, indemnification and waiver to the maximum extent permissible under applicable law.

In signing this document, I hereby acknowledge that I have read this entire document and understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I am signing it knowingly and voluntarily.

Dated: _____

Signature of Student

Print Name of Student

Class (ex. NURS 2750, 2800, 2950)