

# Service-Learning Informed Consent Form

Student Name \_\_\_\_\_

I, \_\_\_\_\_, parent or legal guardian of the above-mentioned student, hereby give permission for my son/daughter to participate in the "**Service-Learning**" program, sponsored by California State University, Northridge (CSUN). I understand that the primary objective of the program is to provide my child with an enrichment opportunity in both the academic and Service-Learning environment. I understand that the "**Service Learning**" program will take place throughout the academic year and that transportation to and from the CSUN campus will be the sole responsibility of the participant.

I hereby authorize "**Service-Learning**" program directors, staff and assistants to engage in the following:

1. To allow my son/daughter to participate in the off-campus "**Service-Learning**" program.
2. To use my son/daughter's name, photograph and quotes in "**Service-Learning**" press releases and publications.

I certify that I have read and understand the provisions established for the "**Service-Learning**" program. I agree to discuss these provisions with my son/daughter and to instruct my son/daughter to follow all requirements and guidelines outlined in the program.

In consideration of the acceptance of my child's voluntary participation in "**Service-Learning**", I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against CSUN as a result of my child's participation in the above captioned "**Service-Learning**". This release is intended to discharge the State of California, the Trustees of the California State University, CSUN their officers, employees, representatives and volunteers, and any other involved private or public agencies from and against any and all liability arising out of or connected in any way with my child's participation in "**Service-Learning**."

It is further understood that accidents and injuries can arise out of participation in the "**Service-Learning**" program; knowing those risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I further agree that any CSUN or Community Partner Organization representative is **authorized to obtain and authorize emergency medical treatment** for my son/daughter, up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself. I further release the State, CSUN, CSU, any other involved private or public agencies and any medical provider of emergency treatment to my child for any related liability. A copy of this agreement shall suffice as original.

**THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.**

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian (Please print)

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip