



**AMERICAN UNIVERSITY
COMMUNITY-BASED LEARNING RELEASE FORM**

The following agreement is intended to protect all participants and personnel involved in the American University Community-Based Learning Program. To participate in the Program, all participants, and a parent or legal guardian of any participant under the age of eighteen (18) years, must sign and return this form to American University (“University”) prior to the beginning of their participation.

Name of Student: _____
Address: _____ Phone: _____
Program: Community-Based Learning
Semester/Year:
Neighborhood Where Placed:
Course Through which Community-Based Learning Associated:
Faculty Member:

Program Conditions and Rules: In signing this Agreement, I agree and/or represent that:

1. I will be solely responsible for my own travel to the community or site identified above;
2. I will observe all applicable rules, including the University’s Student Conduct Code, which may be located at www.american.edu/handbook/conduct.html;
3. I will conduct myself in a safe and prudent manner while participating in this Program;
4. The University may take photographs and make other recordings of me during the Program. I consent to the use of my name and these photographs and recordings, without compensation, in any promotional materials and publications related to the educational activities of American University; and
6. I understand that if I do not comply with these rules or otherwise conduct myself in a responsible manner, American University (“University”) may remove me from the Program. And I will be sent home at my own cost.

Fitness to Participate and Emergency Medical Treatment: 1) I agree to conduct myself in a safe and prudent manner while participating in any activity or travel conducted by or under the auspices of American University; 2) I represent to American University that there are no health-related reasons or other problems of which I am aware that preclude or restrict me from participating in this Program, and 3) I hereby authorize the University to secure necessary emergency medical treatment in the event of injury or illness while participating in the Program.

Assumption of Risk: I understand that participation in the Program is voluntary. I understand that the Program is to be held off campus at _____
[LOCATION TO BE FILLED IN] and acknowledge that there are risks associated with traveling to and participating in the Program. Understanding these risks, I agree that I am knowingly and voluntarily assuming them.

General Release: In consideration of American University for allowing me to participate in the Program, for myself and my legal guardian or other representatives, I agree indemnify and hold harmless American University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their agent(s) from and against any blame and liability for any inconvenience, injury, death, loss to person or property, or any other damage of any kind whatsoever, which may result from or be connected in any way to my participation in the Program or in transit to or from the Program.

I and my Legal Guardian (if applicable) have read and understood all the provisions in this Community-Based Learning Program Release Agreement. I and my Legal Guardian (if applicable) agree to be bound by all terms of this Agreement, as indicated by our signatures below.

Student (Print)

Student's Signature Date

If Participant is under the age of eighteen (18), signature of parent or legal guardian is required:

Legal Guardian's Name (Print)

Legal Guardian's Signature Date

Emergency Contact Information

(You must identify at least two emergency contacts)

1. Name of Contact:
 Relationship to Student:
 Telephone:

2. Name of Contact:
 Relationship to Student:
 Telephone: