

STUDENT'S NAME \_\_\_\_\_



**SERVICE LEARNING PROGRAM  
ASSUMPTION OF RISK STATEMENT**

The undersigned, being over the age of eighteen years or in the capacity of legal guardian for the person identified below, does hereby acknowledge that there may be risks of physical harm and injury inherent in service activities, including, but not limited to, working with people, participating in sports and recreational activities, cleaning and maintenance projects, preparing and serving food, and other service activities, and in transportation to and from service work sites. As partial consideration of being allowed to participate in this activity associated with Fullerton College and the North Orange County Community College District, I hereby assume all risk inherent in the travel activity and connected activities and hereby knowingly and intentionally waive any and all claims of any kind or nature against such institutions which may arise out of this activity.

I specifically acknowledge that in performing these activities, I am doing so in the status of a server/volunteer of the service that I choose, and not a server/volunteer, employee, or agent of Fullerton College or North Orange Community College District. I further waive any and all claims which may arise from such service activities, acknowledge that worker's compensation benefits are not extended to me in my capacity as a server/volunteer and hold Fullerton College and North Orange County Community College District harmless from any of my negligent acts or the negligent acts of others. I further state that I am not a full-time employee of North Orange County Community College District.

I specifically grant this waiver of claims for myself and/or on behalf of my ward identified below and will indemnify and hold harmless such institutions and individuals from any claims.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ on behalf of myself, my heirs, devisees, legatees and estate (and on behalf of my legal ward named \_\_\_\_\_).

Students under 18 years of age

\_\_\_\_\_  
Legal Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Emergency contact person and phone number

**THE ENTIRE PACKET SHOULD BE TURNED IN TO YOUR INSTRUCTOR OR THE OFFICE OF THE SPECIAL PROGRAMS (ROOM 2305) AT THE END OF THE SEMESTER.**