

Service-Learning Acknowledgement of Risk Form

Notes

This form must be signed and returned to the Carlson Center before any student can begin volunteering at a site (with a community partner organization) for service-learning.

Forms must be received by the Carlson Center by Friday of the second week of the quarter.

If unable to complete this form during initial service-learning registration online through EXPO, please review and sign, then scan/email, drop off or mail this form to: serve@uw.edu – or –

Carlson Center, 171 Mary Gates Hall, University of Washington, Box 352803, Seattle, WA 98195-2803

Acknowledgment of Risk and Consent for Treatment for Students Age 18 and Over

I acknowledge there are certain risks inherent in volunteering in the community, including but not limited to physical injury and death. I acknowledge that all risks cannot be prevented and I assume those beyond the control of the University faculty and staff. I represent that I am physically able, with or without accommodation, to participate in service-learning, and that I am able to use the equipment and/or supplies described in the service-learning position description for which I am registering and that I have obtained the required immunizations (if any immunization requirements have been listed in the service learning position description for which I am registering).

Should I require emergency medical treatment as a result of accident or illness arising during volunteer work, I consent to such treatment. I acknowledge that the University of Washington does not provide health and accident insurance for service-learning participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I acknowledge that I have been given the option to purchase student insurance through the University. I will notify UW's Carlson Center staff and staff at my volunteer site in writing if I have medical conditions about which emergency medical personnel should be informed.

I understand that it is my responsibility to request reasonable accommodation, if needed for my service-learning placement. To request disability accommodation for service-learning placements, students can contact:

- UW Disability Resources for Students (matriculated students): <http://www.depts.washington.edu/uwdrs>
- UW Disability Services Office (non-matriculated students): <http://www.washington.edu/admin/dso>.

I understand that this Acknowledgement of Risk Form applies to all UW Carlson Center-coordinated service-learning activities in which I am registering, for this quarter and for the remainder of the academic year.

Student Name: _____ **Student ID #:** _____

Email: _____ **Course:** _____

Student Signature: _____ **Date:** _____

Students who are UNDER 18 YEARS OF AGE must have a parent or guardian sign the "Acknowledgment of Risk and Consent for Treatment for Minor Students" on the following page.

Acknowledgment of Risk and Consent for Treatment for Minor Students

I acknowledge there are certain risks inherent in volunteering in the community, including but not limited to physical injury and death. I acknowledge that all risks cannot be prevented. I represent that my minor child is physically able, with or without accommodation, to participate in service learning, is able to use the equipment and/or supplies described in the service learning position description for which my child is registering, and has obtained the required immunizations (if any immunization requirements have been listed in the service learning position description for which I am registering).

Should my minor child require emergency medical treatment as a result of accident or illness arising during volunteer work, I consent to such treatment. I acknowledge that the University of Washington does not provide health and accident insurance for service learning participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I acknowledge that my child has been given the option to purchase student insurance through the University. I will notify the UW's Carlson Center staff and staff at my child's volunteer site in writing if my minor child has medical conditions about which emergency medical personnel should be informed.

I understand that it is my, and/or my child's responsibility to request reasonable accommodation, if needed for their service learning placement. To request disability accommodation for service learning placements, students can contact:

- UW Disability Resources for Students (matriculated students): <http://www.depts.washington.edu/uwdrs>
- UW Disability Services Office (non-matriculated students): <http://www.washington.edu/admin/dso>.

I understand that this Acknowledgement of Risk Form applies to all UW Carlson Center-coordinated service learning activities in which the student named above is registering for this quarter.

Student Name: _____ **Student ID#:** _____

Name of Parent or Guardian (printed): _____

In case of emergency, please contact me at this telephone number: _____

Signature of Parent or Guardian: _____ **Date:** _____

Office Use Only: (Initials) _____ (Date) _____