

### Student Liability Release Form and Agreement

In consideration of the opportunity to participate in community service or service-learning and the services rendered by the administrators, faculty, staff, agents and other representatives of Jackson State University, the undersigned hereby acknowledges and agrees as follows:

My participation in the program is purely voluntary. I expressly accept and assume all risks associated with my participation in the program. I acknowledge that activities conducted in the course of the program may entail know anticipated or anticipated risks which could result to me or third parties or damage to property. I also certify that I have no medical conditions which could interfere with my safety or the safety of others in connection with my participation in the program, and I hereby assume and agree to bear all the costs of all risks that may be created, directly or indirectly, by any such condition, whether or not disclosed to the University.

I understand that if this release is for services that are not essential, I have the choice not to sign release. However if I choose not to sign it, I cannot participate in the non-essential activity (or course). Non-essential activities include, but are not limited to, sport activities, diving, running, non-required coursework (and activities related to those courses) and exercising at health clubs.

If the release is for activities that are essential, I have other options available to me aside from the one that requires this release. If these other options are not immediately made known or available to me, I can ask the administrators, faculty, staff, agent or other representative over the activity (or required course) that requires this release about them. Potential other options include, but are not limited to, finding alternate forms of transportation rather than using the transportation provided by Jackson State University, purchasing insurance for personal property that I am worried may be damaged or stolen rather than holding Jackson State University employees responsible when it is not their responsibility, taking different courses that do not require this release rather than taking courses that do, or purchasing life insurance rather than holding Jackson State employees accountable when they are not accountable.

\*\*\*\*\*I HEREBY VOLUNTARILY RELEASE, IDEMNIFY, AND FOREVER DISCHARGE JACKSON STATE UNIVERSITY, AS WELL AS ALLCOMMUNITY PARTNER AGENCIES, THEIR EMPLOYEES , OFFICERS, AGENTS AND ASSIGNS, ON BEHALF OF MYSELF, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSON REPRESENTATIVES AND ESTATE FROM ANY AND ALL CLAIMS, DEMANDS OR CAUSES OF ACTIONS WHICH IN ANY WAY RELATE TO OR ARISE OUT OF MY PARTICIPATION IN COMMUNITY SERVICE AND SERVICE LEARNING ACTIVITIES OR MY USE OF THE UNIVERSITY'S EQUIPMENT OR FACILITIES, INCLUDING ANY SUCH CLAIMS ALLEGING NEGLIGENT ACTS OR OMISSIONS OF THE UNIVERSITY\*\*\*\*\*

I have read this Liability Release in it's entirety. I understand it and agree to be bound by its terms during my time as a registered student at Jackson State University.

I, \_\_\_\_\_ (print name), acknowledge that I wish to participate in \_\_\_\_\_ (project name) at \_\_\_\_\_ (location). I fully release and discharge Jackson State University and its employees, officers and agents from all liability in connection with my participation in this project.

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Student Signature

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J-Number

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Date