**Student Release of Liability and Authorization for Use of Likeness**

Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This form must be returned to the* [*Office of Service Learning*](mailto:julia.yakovich@uconn.edu)*.*

*Please keep a copy for your personal records.*

By signing this Agreement, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), voluntarily agree to participate in a service learning opportunity sponsored by the University of Connecticut (hereinafter “Activity”).

***Student Release of Liability (“Release”)***

I assume all responsibility and risk that may arise from or in connection with this Activity, including but not limited to:

Faculty: LIST RISKS THAT ARE SPECIFIC TO THE PARTICULAR PROGRAM/Class

I understand that participation in this Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

I also understand that the University of Connecticut does not require me to participate in this Activity, but I want to do so of my own free will, despite the possible dangers and risks.

I assure the University of Connecticut that there are no health-related reasons or problems which preclude or restrict my participation in this Activity and that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my participation in this Activity.

In consideration of and return for the services, facilities, and any other assistance provided to me by the University of Connecticut in this Activity, it is my express intent to indemnify and hold the University of Connecticut and its respective officers, directors, employees, agents, and successors (“University”) and the State of Connecticut harmless, herein releasing the University and the State of Connecticut from any and all liability, claims and/or actions whatsoever that may arise from injury or harm to me, either from my death or from damage to my property, in connection with this activity. I also agree to assume all of the risks and responsibilities in any way associated with this Activity and understand that this Release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, as well as my estate, family, heirs, administrators, personal representatives or assigns, if I am deceased, and shall be deemed as a “Release, Waiver, Discharge and Covenant” not to sue the above-named University. I further agree to save and hold harmless, indemnify and defend the University from any claim by me or my family, arising out of my participation in the Activity referenced herein. If any term of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

***Authorization for Use of Likeness (“Authorization”)***

I authorize the University and its agents to record photographs or other portraits or likenesses of me on videotape, audiotape, film, photograph or any other medium and to use, reproduce, modify, distribute, and publicly exhibit such recordings, in whole or in part, without restrictions or limitation for marketing or any other purpose that the University deems appropriate. I further consent to the use of my name, voice and biographical material in connection with such recordings.

I further state that I am at least eighteen (18) years of age and fully competent to sign this Release and Authorization, or that in the event that I am not at least eighteen (18) years of age that my parent/guardian signs this Release and Authorization along with me in full knowledge and agreement with its contents, and that I execute this Release and Authorization for full, adequate, and complete consideration, fully intending to be bound by, and bind my estate, family, heirs, administrators, personal representatives or assigns to, the same.

I have read the entire Release and Authorization, I fully understand it and I agree to be legally bound by it.

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

PARTICIPANT:

(Print Name clearly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

If Participant is under the age of eighteen (18), the signature of at least one parent, or of a legal guardian, must be supplied.

PARENT/LEGAL GUARDIAN:

(Print Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)