Beyond the Classroom
Fall Saturday of Service 2005
Student Consent and Release

In consideration for being permitted to participate in the Fall Saturday of Service 2005, sponsored by the Beyond the Classroom Living and Learning Program at the University of Maryland, I voluntarily agree to release, discharge, indemnify and hold harmless the State of Maryland, the University, its officers, agents, employees, and other volunteers (hereinafter referred to collectively as the “University”) from any and all costs, liabilities, expenses, claims, demands, causes of action on account of any loss or personal injury to me that might result from my participation in the Fall Saturday of Service 2005, whether arising through the negligence, omission, default or other action of the University.

I understand that this event will take place on Saturday, October 8, 2005. I understand that this event will involve work at service sites that are off campus. In the event that my service site is not in walking distance, the University will provide transportation. I also understand that the Service Day event will involve my participation in activities such as: Working outdoors (e.g. tree and shrub planting & trash pick-up) and Using tools (e.g. rake & shovel).

I acknowledge that there are certain inherent risks that cannot be prevented. Should I require emergency medical treatment as a result of accident or illness arising during Service Day, I consent to such treatment. I will notify the Beyond the Classroom program in writing if I have medical conditions (e.g., allergies, asthma, epilepsy, etc.) that may limit the types of services I can perform and about which emergency medical personnel should be informed.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this Consent and Release.

Name of Student (print) __________________________
Signature of Student __________________________ Date: ____________
Phone Number __________________________

If the student is under age 18, a parent or guardian must also sign this Consent and Release.

Name of Parent/Guardian __________________________
Signature of Parent/Guardian __________________________ Date: ____________

Comments regarding health/medical conditions:

This form must be completed and submitted before participating in the Fall Saturday of Service 2005.