



**THE UNIVERSITY OF TEXAS AT ARLINGTON**  
**CENTER FOR SERVICE LEARNING**

**PARTICIPANT RELEASE, ACKNOWLEDGEMENT AND**  
**INDEMNIFICATION AGREEMENT**

PARTICIPANT:

Name:

Address:

COMMUNITY PARTNER:

LOCATION:

DATE(s) for the Service Learning Activity:

I, the above-named Participant, am eighteen (18) years of age or older, or if a minor, I have obtained the written approval below of my parent or legal guardian, and have voluntarily agreed to participate in a service learning activity with a community partner ("**Service Learning Activity**"), that will take place outside of the UTA campus. I acknowledge that structure of the Service Learning Activity can be either in-person or virtual and will be decided by the professor associated with the course or the community partner hosting the Service Learning Activity.

I acknowledge that the nature of the Service-Learning Activity may expose me to hazards or risks, including but not limited to risks during travel to and from the community partner location, risks or hazards that may be present at any community partner locations, and that such hazards and risks may result in my illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks. I represent that I am physically able, with or without accommodation, to participate in the above-referenced service learning activity, and am able to use the equipment and/or supplies associated with the service learning activity.

In consideration of my participation in the Service Learning Activity, on behalf of myself, my family, heirs, and personal representative(s), I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release The University of Texas at Arlington ("**UTA**"), the UT System, its Board of Regents and their officers, employees, and representatives (collectively the "Releasees") from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Service Learning Activity, whether caused by negligence of the Releasees, or otherwise. I further agree to indemnify and hold harmless the Releasees from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the Service-Learning Activity.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE SERVICE-LEARNING ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

I also acknowledge and represent that I have read and agree to abide by the student travel policy of UTA. I authorize UTA to use or show any photos of the event which include me or my likeness.

I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision 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.

**Parental/Guardian Consent:** (Must be completed for students under the age of 18)

I hereby certify that I am the parent or legal guardian of the above named participant and I have read and understand the above statements and agree to the terms and stipulations.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed