



**Service Learning**  
Acknowledgment of Risk  
and  
Consent for Medical Treatment

**Student Name** \_\_\_\_\_ **UID** \_\_\_\_\_

**Course and section** \_\_\_\_\_ **Instructor** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

*Please read and sign this form and return it to your instructor before beginning your service learning work.*

I assume responsibility for any injury, loss, or damage resulting directly or indirectly from my participation in the service learning project for the above course at Wright State University and will not institute any negligence or other claim against Wright State University, its agents, or any other person(s) who could be held liable in either their individual or official capacities and agree to hold the above named parties harmless from liability for any personal or property injury.

I acknowledge that I have no known medical problems or conditions that would prevent me from participating in this service learning project.

In case of a medical emergency, I authorize Wright State University or its duly authorized agents to transport me to a health facility/hospital for medical care if it is deemed necessary. I further authorize such physician, health facility, or hospital to perform any emergency procedures necessary to provide me with medical treatment.

I acknowledge that Wright State University does not provide health and accident coverage for service learning participants and agree to be financially responsible for medical bills incurred as a result of emergency medical treatment.

If you will require some physical accommodation or special access in order to carry out your service learning duties, please describe here.

If you have any medical conditions about which emergency medical personnel should be informed or are taking any medications, please list here.

I have read and understood the foregoing and voluntarily sign this release as my own free act and deed.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent or Guardian if under 18** \_\_\_\_\_

**Note:** *If you are under 18, you must provide proof of insurance coverage before beginning your project.*