



Last Name: _____

Course: _____

Instructor: _____

*Howard Community College Service Learning
Waiver of Responsibility*

I, _____ (participant's name), in connection with my participation in a Service Learning activity at Howard Community College (HCC), understand and voluntarily assume all risks inherent in the nature of this activity. I waive all claims, costs, liabilities, expenses, and judgments against HCC and Howard County government and release HCC and its trustees, officers, agents, representatives, and employees and Howard County government from all claims, costs, liabilities, expenses, and judgments arising out of my participation in the activity. I further agree to abide by all rules and regulations of HCC. I understand that I am responsible for my own transportation to assignments and I assume all risks and liabilities associated with such transport.

Participant/Media Release

I, _____ (participant's name), authorize the Center for Service Learning to use my name, likeness, and/or voice in a variety of uses for the purpose of publicizing and promoting the program. I further authorize the Center for Service Learning to utilize my name, likeness, and/or voice in radio or television broadcasting, cablecasting, audiovisual and closed circuit exhibition and/or other electronic mechanical distribution of whatever kind throughout the world in perpetuity.

I agree to indemnify and hold harmless HCC and the Center for Service Learning and its licensees, successors, employees and assigns from any liability, loss or expenses arising from any claim or litigation arising from the use of my name, likeness, and/or voice.

I understand that the Center for Service Learning has no obligation to use my name, likeness, and/or voice. I understand that I will receive no monetary compensation for the rights granted herein. I understand that my appearance in any form of media confers no ownership rights on me.

Accepted and Agreed to:

I have read both the Waiver of Responsibility and the Participant/Media Release and agree to the terms therein.

PRINT NAME

SIGN NAME

DATE

If participant is under 18 years of age: My parent or guardian has consented to my execution of this release, as shown by the signatures below.

PARENT/GUARDIAN PRINT NAME

PARENT/GUARDIAN SIGN NAME

DATE