



## Applied and Service-Learning Program Parental Authorization and Waiver/Release of Liability Form

(This form must be signed and returned to the Career Services Center before any student under the age of 18 years old can participate in the Applied and Service Learning Program.)

Your son/daughter is currently enrolled in a course that includes an Applied and Service-Learning experience. During this course, your son/daughter will be providing assistance at an organization during the term. The purpose of this experience is to enhance and enrich learning of course material.

Scheduling of the hours is arranged by the student and the supervisor at the organization. Transportation to and from the organization is the responsibility of the student.

Since your son/daughter is not yet 18 years of age, parental consent for your child's participation in the Applied and Service-Learning experience is required. As the student's parent/legal guardian, please sign below indicating your consent. If you have any questions about the Applied and Service-Learning Program, please contact the Career Services Center at (310) 434-4337.

**Instructor First Name:** \_\_\_\_\_ **Instructor Last Name:** \_\_\_\_\_  
**Course Title:** \_\_\_\_\_  
**Course Section #:** \_\_\_\_\_ **Semester/Year (i.e. Fall 2017):** \_\_\_\_\_  
**Community Partner/Organization Name:** \_\_\_\_\_

I understand and agree that by signing this Parental Authorization and Waiver/Release of Liability Form, I shall hold Santa Monica Community College District, its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles harmless from any and all liability, claims, causes of action, and demands related to, arising out of or in connection with my child's participation in this activity, including injuries, accident, illness or death suffered by me and/or my minor child. I also hereby voluntarily release, discharge, waive and relinquish any and all actions of causes of action for personal injury, bodily injury, property damage or wrongful death occurring to myself or my minor child arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. I understand that this form will be binding on me, my heirs, executors, administrators and assign hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for myself and for my estate, and agree that under no circumstances will my heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District or any of its officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

I am the parent/legal guardian of the minor, \_\_\_\_\_ (first and last name of minor), and I am signing this Parental Authorization and Waiver/Release of Liability Form on behalf of said minor. My signature on this document acknowledges that I have read and understand the above provisions and agree to abide by these terms.

_____	_____	_____
<b>Parent/Guardian Printed Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
_____	_____	_____
<b>Address</b>	<b>Parent/Guardian Phone #</b>	<b>Student's Date of Birth</b>
_____	_____	_____
<b>Student Printed Name</b>	<b>Student Signature</b>	<b>Student ID#</b>