COMMUNITY PARTNER AND FACULTY SERVICE LEARNING CONTRACT

As an Agency participating in the program, I have agreed to permit ___ hours of service learning work for:

_____ _____

Student's name (please print) Student's Banner ID No.

_____

Major

_____

School Address / Phone

Briefly, but specifically, describe the nature of the service learning project. Indicate the name of the agency and the work to be done.

_____

_____

_____

_____

_____

Signature of Agency Official Date

Release

The undersigned student hereby agrees to indemnify and hold Kent State University, its Board of Trustees, Employees and agents and the Agency harmless from any and all direct, indirect, special or consequential damages which they might incur or otherwise be held liable as a result of my participation in this program, even if as a result of negligence. Further, I agree that the Service-Learning program may keep a copy of any of my work and use it for instructional and promotional purposes. **I hereby waive my rights under the Family Educational Rights and Privacy Act with respect to the above-referenced work.**

_____ _____

Signature of Student Date