



## Saint Vincent College FIELD EXPERIENCE RELEASE AND WAIVER

Student's Name (print): \_\_\_\_\_

Field Experience Locations: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Student's Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
(cell) \_\_\_\_\_

I, the undersigned, student at Saint Vincent College agree and desire to participate in the above – captioned Field Experience sponsored by the Education Department. I agree and acknowledge that my participation in this project may require me to leave campus and that I am aware of the risks connected with my participation in the field experience. I voluntarily assume full responsibility for any risks or loss, property damage, or personal injury, including death, which may be sustained by me, or loss or damage to property owned by me, or anyone else as a result of my participation in this field experience.

I acknowledge that I have receive a copy of the guidelines and limitation regarding my participation in the field experience and agree to follow all instructions and warnings from my instructor and/or the onsite coordinator or supervisor.

In consideration of Saint Vincent College allowing me to participate in the above field experience, and intending to be legally bound herby, I agree to indemnify and hold harmless Saint Vincent College, its successors and assigns, and its employees, agents, volunteers, and legal representatives, against any loss from any and all claims, demands, and actions at law or in equity that may hereafter at any time be brought by me or anyone acting on my behalf, including property damage or loss thereof, for the purpose of enforcing a claim for damages, including, but not limited to, wrongful death, because of any injury to me or any cause of action, of any kind or nature as a result of, or in any way related to my participation in the above-captioned field experience including, but not limited to my transportation to and from the field site unless said transportation is in a College owned vehicle.

I agree that in case of injury to me I will apply my hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to Saint Vincent College, its successors and assigns or any of its officers, employees, agents, or volunteers for the payment of any medical costs or injury related costs.

IN WITNESS WHEREOF, I execute this RELEASE AND LIABILITY WAIVER this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

\_\_\_\_\_  
Signature of Student

Please return this form to:

Ms. Makayla McMullen, Coordinator of Experiential Learning in Teacher Education  
St. Vincent College, Education Department, Prep Hall