

**LIABILITY RELEASE
AND LIMITED POWER OF ATTORNEY**



**for
Service and Experiential Learning Programs**

**Southeast Missouri State University
Cape Girardeau, MO 63701**

I, _____, the undersigned, in order to participate in the Southeast Missouri State University sponsored Service and Experiential Learning program entitled _____, do hereby state and agree as follows:

1. In consideration of permission being granted to me to participate in the above described program at Southeast Missouri State University, and for other valuable considerations, the receipt and sufficiency of which are acknowledged, I am entering into this release agreement which extends to Southeast Missouri State University, its Board members, agents, employees, volunteers, representatives, successors or assigns, both individually and in any capacity, (hereinafter referred to as releasees).
2. I have voluntarily chosen to participate in the above program and assume all dangers and risks associated with such a program. I certify that I am in suitable health and capacity which allows my enrollment or participation in this program.
3. I knowingly and voluntarily agree to release, indemnify and hold harmless all releasees as defined above, for or on account of any losses, damages, personal injuries, pain and suffering, death, property damage, or contract claims resulting from, or arising out of, during, or in connection with my enrollment or participation in the above program. This includes any losses or damages connected with or arising

out of instruction, training, emergency care, or operations incidental to such programs, whether caused by the negligence of releasees or otherwise.

4. This release agreement shall be construed to be as comprehensive as is allowed by law.
5. I fully understand and agree that certain elements of the Program, including the off-campus activities, may be physically and emotionally demanding and that by participating in the off-campus activities in a locale not under the control of Southeast Missouri State University, there are risks of accidental death or other physical or emotional injury.
6. I further agree that the jurisdiction for any legal proceedings arising from the program activities or the execution of this release shall be in Missouri and shall be governed by Missouri law.
7. By signing this Release, I acknowledge and warrant that this Release contains the entire agreement of and between all of the parties mentioned herein, that all of the terms of this Release are contractual and not a mere recital, that I am of legal age and capacity and competent to sign and execute this Release, and I accept full responsibility therefore.

Signature of Student: _____

Home Address: _____

City: _____ State: _____ Zip: _____

In case of emergency, please call the following number:

Emergency Contact Area Code: _____ Phone: _____ (Home)

Emergency Contact Area Code: _____ Phone: _____ (Office)

Health Insurance Carrier: _____ Policy No.: _____

Pre-existing health conditions: _____

Students under 18 years of age must obtain approval from parent or legal guardian.

Signature of Parent or Legal Guardian

Date

I certify that I am the parent or legal guardian of the above student, and that I have read the foregoing Release, including such parts as may subject me to personal financial responsibility, and hereby relinquish any claim that I might have against Southeast Missouri State University or its agents as set forth above, both in my own behalf and in my capacity as legal representative of the student.