Grace Elizabeth Groner Foundation
Waiver of Liability

Acknowledgement of Responsibilities and Waiver of Liability

WHEREAS, The Grace Elizabeth Groner Foundation sponsors service-learning opportunities worldwide and encourages students to take advantage of the educational enrichment they offer;

WHEREAS, ___________________________ will be doing a service-learning opportunity at ___________________________ during the _______ semester of ___________ as a supplement to his/her academics.

THEREFORE, the undersigned student hereby acknowledges and agrees as follows:

Student Acknowledgements

I understand that my participation in the above-mentioned program is elective and voluntary, and that it may involve risks not associated with study on the Lake Forest College’s campus, including, but not limited to, risks associated with traveling to, from and/or at the program destination, whether by train, bus, private auto, airplane, etc. I recognize and voluntarily assume all such risks. I agree to conduct myself in accordance with the Foundation’s Code of Conduct and any additional policies as may exist in the assigned organization. I certify that I am in good health and have no physical condition that would prevent participation in the intended program. I further agree to use my personal medical insurance as the primary medical coverage if accident or injury occurs. I consent to emergency medical treatment if such care is required.

Release of Liability and Indemnification

In consideration for my participation in the above-mentioned program, I, individually and on behalf of my parents or guardians, heirs, successors, assigns and personal representatives, hereby release and forever discharge the Foundation and its employees, trustees, and representatives from any and all liability whatsoever for any and all injuries, illnesses, damages, losses (including death) I sustain to my person or property or both, including but not limited to any claims, actions, damages, expenses and costs, including attorney’s fees, which arise out of, result from, occur during or are connected in any manner with my participation in the above-mentioned program. I understand that this release is intended to be and is as broad and inclusive as permitted by the laws of Illinois.

I, individually, and on behalf of my parents or guardians, heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend, and hold harmless the Foundation and its employees, trustees, and representatives from any and all liability, loss, damage or expense, including attorney’s fees, that they or any of them incur or sustain as a result of any claims, actions, damages, expenses or costs, including attorney’s fees, which arise out of, or are in any way connected with, my participation in the above-mentioned program, unless said liability, loss, damage or expense results from gross negligence or recklessness on the part of the Foundation or its employees, trustees or representatives.

Miscellaneous

This agreement is to be construed in accordance with the laws of the State of Illinois. If any portion of this agreement is held invalid, the balance of this agreement shall continue in full legal force and effect.

By signing below, I acknowledge that I have read this entire document, had an opportunity to ask questions and seek outside counsel. I understand and I agree to the terms stated and that by signing this waiver, I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Student’s Name: ___________________________ Date: ___________________________

Student’s Signature: ___________________________
Important Statement about Harassment

The Grace Elizabeth Groner Foundation is opposed to and will not tolerate any harassment of an ethnic, racial, sexual, age-based or religious nature directed towards anyone on this campus. Because the Foundation is unable to monitor off-campus behavior, should you experience or observe any harassment during your program, you are encouraged to notify the Foundation.

My signature below indicates that I have read and understand the above.

Student’s Name ____________________________________________ Date____________________
Student’s Signature: _________________________________________

Disclosure of Information

The Grace Elizabeth Groner Foundation has the right to obtain a detailed report of the student’s performance from the student’s professor, staff members or supervisor involved in the student’s program.

The Grace Elizabeth Groner Foundation has permission to disclose any relevant information regarding the student to the student’s parent/guardian, advisor, and any personnel of the College and the Foundation.

My signature below indicates that I have read and understand the above and grant the Foundation the permission to request my report and to release my report to the people mentioned above.

Student’s Name ____________________________________________ Date____________________
Student’s Signature: _________________________________________

Use of Photographs and Statements

Any photograph or work product, written or verbal, submitted to the Grace Elizabeth Groner Foundation will become the property of the Foundation.

The Grace Elizabeth Groner Foundation has the right to use all and any photographs and work product or both submitted to the Foundation, taken by the Foundation or by any person representing the Foundation.

My signature below indicates that I have read and understand the above and grant the Foundation the permission to use any photographs or work product or both submitted to the Foundation or taken by the Foundation or its representatives.

Student’s Name ____________________________________________ Date____________________
Student’s Signature: _________________________________________