



CENTER FOR PROFESSIONAL EXCELLENCE
ELMHURST COLLEGE

Experiential Learning Waiver

(This is a release. Please read
carefully.)

Student Name: _____ ID# _____

Date Submitted: _____

In consideration for the opportunity to participate in the Center for Professional Excellence offcampus experiential learning, the undersigned acknowledges and certifies the following:

Elmhurst College (the College) itself does not control the way in which this experiential learning opportunity is structured and operated. This experiential learning opportunity is structured by the host site, not Elmhurst College. In coordinating this experience, the College, its officers, trustees, representatives, agents, attorneys, employees, and successors make no assurances, expressed or implied related to the environment which might exist at the site. Each experience may include potential hazards which are beyond the control of the College, its officers, trustees, representatives, agents, attorneys, employees, and successors including, but not limited to, damages or loss of property or injury or death due to any act of negligence of the site, its employees and other persons rendering or participating in the off-campus experiential learning experience.

INSURANCE COVERAGE

1. I have sufficient health, accident, and hospitalization insurance to cover me during my offcampus experiential learning. I further understand that I am responsible for the costs of such insurance, and I recognize that the College does not have an obligation to provide me with such insurance.
2. I assume full responsibility for any physical or emotional problems that might impair my ability to complete the experience, and I release the College, its officers, trustees, representatives, agents, attorneys, employees, and successors from any liability for injury to myself or damage to or loss of my possessions.
3. I understand that if I use my personal vehicle for transportation to and/or from the offcampus experiential learning site, the College, its officers, trustees, representatives, agents, attorneys, employees, and successors has no liability for injury or property damage which may result from that use. I agree to rely solely on my personal vehicle insurance coverage.

PERSONAL CONDUCT

I understand that the responsibilities and circumstances of off-campus experiential learning may require a standard of professional decorum that may differ from that of Elmhurst College. Therefore, I indicate my willingness to understand and conform to the professional standards of the off-campus learning site. I further understand that it is important to the success of both present and future off-campus experiences that participants observe standards of conduct that would not compromise Elmhurst College from the perspective of individuals and organizations.

I agree, should the program coordinator determine that I must be removed from the program because of conduct that reflects poorly on the program, that decision will be final.

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Page 2

GENERAL RELEASE

I understand and agree that my participation in off-campus experiential learning and use of any facilities in connection with any experiences established related to off-campus experiential learning is undertaken by me at my own sole risk and that Elmhurst College, its officers, trustees, representatives, agents, attorneys, employees, and successors are not liable for any claims, demands, injuries, damages, or actions whatsoever to me or my property arising out of or connected with the experience(s). I do hereby release, acquit, forever discharge and covenant not to sue Elmhurst College, its officers, trustees, representatives, agents, attorneys, employees, and successors from any and all liability whatsoever, including all claims, demands and causes of action of every nature that may arise in connection with my participation in off-campus experiential learning.

This agreement shall be construed, interpreted and controlled by the laws of the State of ILLINOIS.

I, _____ certify that I have read and understand all the terms and contents of this "***release and authorization***" and execute it voluntarily and unconditionally.

STUDENT SIGNATURE _____

Date of Birth _____ . Age _____

PARENT /GUARDIAN SIGNATURE _____ (If under 18 at time of experience)

Date _____
