

**Civic-Engagement Agreement**

I understand that community members and my peers depend on me to fulfill my responsibilities to ensure the success of this Community Building Internship and partnership between Kalamazoo College and (a) Kalamazoo community organization(s).

I therefore pledge to:

* Be on time and consistent in my attendance.  I agree to fulfill my commitment to my schedule as established with the supervisor at the beginning of the internship unless there is a family emergency or I am ill, and I will, in a timely manner, inform my community partner and/or supervisor of my absence. I understand that these agreements are in effect throughout the entire internship.
* If applicable, attend a mandatory orientation for my internship site.
* Learn and abide by the ethics and rules of my internship site; honor confidentiality guidelines established by staff at my site; and respect the private lives of the individuals with whom I work, including other K students and members of the Kalamazoo community.
* Be honest, and have open communication with my supervisor, on-site and program staff, and *Center for Civic Engagement* staff, regarding issues that pertain to the program.
* Respect others’ traditions and differences, and always consider and honor rules of etiquette in dress, conduct, and speech. If I am unsure, I will ask the internship supervisor and/or staff and/or the CCE staff.
* Discuss and inform the appropriate individuals – supervisor and/or *Center for Civic Engagement* staff -- if the circumstances of my Community Building Internship are unsatisfactory.
* Remember that I am perceived as a representative of Kalamazoo College.

I have read the expectations above and agree to the principles therein.  I understand that failure to fulfill this agreement may have consequences for my involvement in the Community Building Internship in which I participate, including having my stipend rescinded.

Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Participant Release and Waiver of Liability Form**

This Release and Waiver of Liability (the “release”) executed on (date)\_\_\_\_\_\_\_\_\_\_\_\_by (name of participant)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(“paid participant”) releases Kalamazoo College, organized and existing under the laws of the State of Michigan, and each of its employees and agents.

The participant desires to provide services and engage in activities relating to being a participant in the Community Building Internship program with the Center for Civic Engagement at Kalamazoo College.

**Waiver and Release:**  I, the participant, release and forever discharge and hold harmless Kalamazoo College and its agents from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide through the Center for Civic Engagement at Kalamazoo College.  I understand and acknowledge that this Release discharges Kalamazoo College from any liability or claim that I may have against Kalamazoo College with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide through the Center for Civic Engagement at Kalamazoo College or occurring while I am providing paid services.

**Insurance:** Further I understand that Kalamazoo College does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property.  I expressly waive any such claim for compensation or liability on the part of Kalamazoo College beyond what may be offered freely by Kalamazoo College in the event of such injury or medical expenses incurred by me.

**Medical Treatment:** Where legally binding, I hereby Release and forever discharge Kalamazoo College from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a participant with the Center for Civic Engagement at Kalamazoo College.

**Assumption of Risk:**  I understand that the services I provide to Kalamazoo College may include activities that may be hazardous to me including, but not limited to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (any known hazardous activities) involving inherently dangerous activities.  As a participant, I hereby expressly assume the risk of injury or harm from these activities and Release Kalamazoo College from all liability for injury illness, death or property damage resulting from the services I provide as a participant or occurring while I am providing participant services.

**Photographic Release:**  I grant and convey to Kalamazoo College all right, title and interests in any and all photographs, images or video or audio recordings of me and my likeness or voice made by Kalamazoo College in connection with my providing services through the Center for Civic Engagement at Kalamazoo College.

**Other:**  As a participant, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Michigan and that this Release shall be governed by and interpreted in accordance with the laws of the State of Michigan.  I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature    Date