In consideration for the opportunity to participate in an experiential learning experience with a Host Agency as part of my academic program at Drake University (“Drake”), I (“Program Participant”) understand and hereby acknowledge and agree to the following:

I understand an experiential learning experience (“Program”) may be credit or non-credit bearing and may include a Travel Seminar, Internship, Service Learning, Field Studies, Research, Learning Tours, Experiential Trips, or other similar activities.

1. As a condition of my participation in a Program, I understand, agree and acknowledge, that as a Program Participant, it is my responsibility to:
   a. Participate in all orientation and training required by the Host Agency.
   b. Exhibit professional, ethical and appropriate behavior at the Site or when otherwise performing Duties within the Program.
   c. Complete all Duties assigned to me in a timely and efficient manner.
   d. Abide by the Host Agency’s rules and standards of conduct.
   e. Maintain the confidentiality of the Host Agency’s proprietary information, records and information.
   f. Abide by applicable Drake University’s Code(s) of Student Conduct while engaged in the Program.
   g. Abide by those laws that are applicable within the jurisdiction of the Program Site.

2. I agree that my participation in a Program is primarily for my benefit and not primarily for the benefit of the Host Agency or Drake. As such, when performing any volunteer Duties associated with a Program I will not be acting as an agent of Drake or as an employee of Drake or the Host Agency. Furthermore, I will not be entitled to payment of any salary or compensation for any volunteer Duties I perform within the Program, nor will I be treated as an employee of Drake or the Host Agency for purposes of worker’s compensation insurance, employment taxes or unemployment compensation benefits.

3. I understand I do not have the authority to sign any documents on behalf of Drake.

4. I understand the Agency Contact for the Program will communicate with my Drake Program Advisor regarding my performance in the Program and my performance in the Program will have a direct impact on my grade in any class associated with the Program.

5. As a condition of my participation in a Program, I promise to be covered throughout the Program, including any travel incident thereto, by adequate health insurance, at my expense. I acknowledge it is my responsibility to understand the benefits and limitations of my insurance coverage, and to purchase additional medical, travel or trip cancellation insurance if necessary. I agree that Drake is not responsible for any uninsured losses.
6. If I become ill, injured or incapacitated while participating in the Program, I authorize the Host Agency or Drake to secure medical treatment for me, as recommended by local medical personnel, including the administration of anesthesia, surgery and medical evacuation. I authorize the Host Agency or Drake to take whatever action it deems necessary and in my best interest in the event of social or political unrest or any other unforeseen event or condition. I authorize the Host Agency and Drake to share my health and safety information with my parents/guardians. If the Host Agency or Drake incurs any expense on my behalf that is not covered by insurance, I agree to reimburse the Host Agency or Drake for such expense.

7. I acknowledge that if I choose to operate a motor vehicle while traveling to or from the Program or while participating in the Program and if an accident occurs it will not be covered by any insurer of Drake and that I and/or my personal insurer will be solely responsible for any and all liability, damages and costs associated therewith.

8. I understand that publicity for Programs may include statements or photographs of Participants, including me, and I consent to such use of my statements and photographs.

9. I understand that the right is reserved by Drake, in its sole discretion, to cancel a Program or any aspect thereof prior to, during or after its commencement, which may result in my needing to return home or to Des Moines at my own expense.

10. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release, discharge and agree to indemnify and hold harmless Drake and its employees, agents, officers, trustees and representatives from any and all liability whatsoever, including all liability arising directly or indirectly from the negligence of Drake or its employees, agents, officers, trustees or representatives (collectively “Releasees”) for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including, but not limited to, any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys’ fees (“Claims”), which arise out of, result from, occur during or are in any way connected, directly or indirectly, with my participation in the Program, including any travel incident thereto. I further release and agree to indemnify and hold harmless the Releasees from any Claim(s) made by any third party arising out of my acts or omissions as a participant in the Program, including any travel incident thereto. Finally, I agree to indemnify Drake if it sustains any financial loss or liability arising out of any of my acts or omissions during the Program, including any travel incident thereto.

In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have and that I have signed it knowingly and voluntarily.
Name of Student: ____________________________________________________________

Signature of Student: _______________________________________________________

Health Insurance Name: _____________________________________________________

Policy ID Number: __________________________________________________________

If Student is Minor, Parent/Guardian of Minor’s Signature: ______________________

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**Emergency Contact Information**

Name: _________________________________________________________________

Relationship to Student: _________________________________________________

Address: __________________________________________________________________

City, State, Zip: __________________________________________________________________

Home Phone: __________________

Work Phone: __________________

E-Mail: __________________