



Center for Community Engagement  
and Service Learning

# **Course Based Service Learning Student Packet: Waivers, Timesheet, and Assessment**

WCU Center for Community Engagement and Service Learning  
273 Belk Building  
828-227-7184

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## Included in this packet:

1. Conduct, Waiver of Liability, Prohibited Activities & Information Form
2. Service Learning Timesheet for Documentation of Projects

***Please print and complete these forms and turn them into your instructor.***



CONDUCT, WAIVER OF LIABILITY, PROHIBITED ACTIVITIES & INFORMATION FORM

This form indicates your understanding that: a) while participating in a WCU sponsored activity, you must comply with conduct requirements of the Student Code of Conduct; and b) WCU is not responsible for any mishaps or injuries that occur as a result of your participation in this activity.

Students may not engage in WCU sponsored activity unless they have completed and submitted this form. Anyone who participates in this activity without signing below will be considered to be operating independently of Western Carolina University and the Center for Community Engagement and Service Learning.

This form is to be used for CCESL sponsored service programs.

Conduct Statements – Please Initial Each One

- I will follow and comply with the WCU Student Code of Conduct.
I will follow all rules and/or guidelines of the agency for which I am serving.
I will use appropriate language at all times.
I will not consume alcohol, regardless of my age, and will not perform services under the influence of illegal substances.
I will not have contact with anyone in the service setting in a harmful and/or violent manner.
I will inform the agency representative of problems that occur while I am performing services.
I will adhere to appropriate social standards in virtual environments.

I understand that violations of the above Conduct Statements may result in student disciplinary action, immediate dismissal from the activity with any cost incurred for travel being my responsibility, and/or ineligibility to participate in future activities.

Liability Waiver

- 1. I understand the nature of the activity contemplated, and voluntarily assume all the risks and responsibilities surrounding my participation in this activity.
2. I specifically and completely RELEASE, INDEMNIFY, AND HOLD HARMLESS the State of North Carolina, the University of North Carolina, and Western Carolina University and all their directors, officers, employees, and agents from all liability, causes of action, claims, and demands of every kind which may arise out of or in connection with my travel to and from, and participation in this activity.
3. It is my express intent that this General Release shall bind the members of my family, heirs, assigns, and personal representatives if I am deceased.
4. I understand, consent to, and hereby waive any right in or to the use of my name; likeness; photograph, including moving photographs; and/or audio recording (Content) associated with the activity to be used by WCU in any way that it deems appropriate including, but not limited to, educational/instructional purposes, development purposes, income generating purpose, and newsworthy purposes.
5. By participating in any voluntary field trip offered by WCU you acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another, and the inherent risks of exposure at the University to those who may be infected with COVID-19.

Prohibited Activities

There are certain activities that Western Carolina University students, faculty and staff may not perform in the course of their service learning/community service projects. The prohibited activities include: Aiding or engaging in partisan political activities – Organizing or engaging in protests, petitions, boycotts, or strikes – Engaging in religious instruction, conducting worship services, or engaging in any form of proselytizing – Activities that pose a significant safety risk to participants – Assignments that displace employees

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Print Name: \_\_\_\_\_ 920#: \_\_\_\_\_
Classification: (circle one): Freshman Sophomore Junior Senior Graduate Student
Other Information
Dietary restrictions, allergies, or medications: \_\_\_\_\_
Cell Phone #: \_\_\_\_\_ Birthday: \_\_\_\_\_
Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

