

Informed Consent Form

I, _____, intend to participate in community service at _____, for the course _____.

I understand that my responsibilities at the community organization are _____.

I understand that certain risks are inherent in such activity and I fully accept these risks. These risks may include but are not limited to **[details on risks specific to the community service here]** and those normally associated with travel to and from community sites, including catastrophic injury or death.

I understand that I am required to provide my own health and accident insurance. Neither the Trustees of Indiana University nor my instructor is responsible for any medical or legal expenses that may result from any injury or illness sustained while participating in community service.

Participant Signature _____ Date _____

Participant Name (print) _____

Address _____

Phone _____

Email _____

Person to contact in case of emergency:

Name _____ Relationship _____

Phone _____

Address _____

