

BRYN MAWR

Roberts Road # 221

Bryn Mawr College

101 North Merion Ave.

Bryn Mawr, PA 19010-2899

(610) 526-7320, FAX (610) 526-5018

Transportation Reimbursement Release for Volunteer Placement, Unpaid Internships, and Classes with Required Field Components

This agreement must be completed by a student in order to be reimbursed for transportation costs to and from a field site.

COURSE & FACULTY INFORMATION (if applicable):

Course Title & Number: _____

Semester: _____

Instructor: _____ Department: _____

STUDENT INFORMATION:

Name: _____ Student I.D. # _____

Box #: _____ Extension: _____ Email: _____

Year in School: _____ Major: _____

FIELD SITE INFORMATION:

Field Site: _____

Supervisor's Name/Title: _____

Address: _____

Phone: _____ Email: _____

STUDENT FIELDWORK PLAN:

I plan to complete _____ hours of fieldwork per week from the time period beginning _____ (mo)/ _____ (day) and ending _____ (mo)/ _____ (day).

If I have planned specific days and hours, they are listed as follows:

M _____ T _____ W _____ TH _____ F _____ S _____ S _____

Form Continues on Reverse

PLACEMENT AGREEMENTS

Assumption of Risk Statement: I, the undersigned, being at least 18 years of age, or in the capacity of the student's legal guardian, do hereby acknowledge the risks inherent in off-campus fieldwork or volunteer activities and during transportation to and from the field site. These risks include, but are not limited to, property loss or damage and physical or emotional injury, temporary or permanent, and death. I hereby assume all risks involved in the placement activities and related travel activities, and hereby knowingly and intentionally waive any and all claims, of whatsoever kind or nature, against Bryn Mawr College, its governing board, officers, agents, employees, and any other students which may arise out of this activity. I also understand that participation in the class and field component, or service activity set forth above is undertaken by me on a completely voluntary basis.

Student Signature _____

Date _____

Legal Guardian Signature _____

Date _____

(If student is under 18 years of age)