

APPENDIX B

EXPERIENTIAL LEARNING LETTER OF UNDERSTANDING

The purpose of this Letter of Understanding is to set forth the provisions under which students in the _____ Department of Longwood University (LU) will perform an experiential learning project at _____ (**Agency**). This project is part of _____ (Course) and the students involved are considered agents of the Commonwealth of Virginia while carrying out their assigned duties and responsibilities. Following are specific agreements between LU and the above listed **Agency**.

1. The LU point of contact is _____ and the **Agency** point of contact is _____. These persons will be responsible for overseeing the student's project and resolving any problems that may arise. The LU point of contact will ensure that the student is technically qualified to perform the duties assigned. The **Agency** will also assign a qualified person to mentor the student while performing the project.
2. Each student assigned by LU will be given written instructions that will include specific duties and responsibilities. In as much as the students are neophytes in the field, they should not be expected to perform assignments not specified.
3. There will be no exchange of funds between LU and the **Agency**. The **Agency** will furnish all equipment and supplies required for the project. Any purchase for uniforms or personal items will be funded by the student.
4. Students performing experiential learning projects have liability insurance coverage under the State's Risk Management Plan for simple, negligent acts arising out of their assigned duties and responsibilities. This coverage does not extend to illegal or willful acts. Nor does this insurance coverage extend to the operation of the **Agency's** vehicles. The LU Risk Manager will provide a Certificate of insurance upon request (ph: 434.395.2093).
5. Any medical expense associated with the experiential learning will be funded by the student. In the event of an illness/injury that occurs on site, it will be appreciated if the **Agency** provides first-aid treatment as appropriate.

Longwood University assumes no responsibility or liability for any injuries to your person or property caused by the acts or omissions of others during transportation. Further, Longwood University makes no recommendations or guarantees as to any travel agencies or lodging and transportation providers you may deal with in making your travel arrangements. To protect yourself from these types of losses, you may wish to purchase appropriate insurance.

By signing this form you are acknowledging that you have been informed about certain risks and responsibilities involved and that you are knowing and voluntarily assuming them.

By signing this form you also agree, for yourself, your heirs and assigns, to release and hold harmless Longwood University, its employees and agents, from any legal claim or liability for any bodily injury and personal property damage that is caused to you by the negligent act or omission of third parties while you are participating in the experiential learning program.

Signed: _____ Date: _____
Student

If the participant is under 18, a parent or legal guardian must also sign.

Signed: _____ Date: _____
Parent or Legal Guardian

Signed: _____ Date: _____
Longwood University Signature

Signed: _____ Date: _____
Agency Signature

This form should be signed by all of the above parties and returned to the academic department granting credit.