**SERVICE AGREEMENT**

The patron identified below makes the request for work and/or service with the understanding that:

1. The activity will be a “live work” learning project for students. The activity will include \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. I understand that I will be charged for materials associated with this work, but that I will only be charged no more than $\_\_\_\_\_\_\_ for labor associated with this work. I agree that this labor charge is either free or a substantial discount over market prices for similar services and is of actual value to me.

4. I understand that I cannot specify a particular student to perform the service(s) described above.

5. No direct payment or tipping for the services of students or instructors is allowed.

6. In exchange for the free and/or discounted services I am receiving, which I agree constitutes good and material consideration, I ***hereby completely waive, release, and discharge*** the TCAT, the Tennessee Board of Regents, their present and former officers, employees, agents and/or students participating in this activity, both in their official and individual capacities, (the “Releasees”) from any and all claims, causes of action, or rights of action, whether caused by the negligence of the Releasees or otherwise, I may have arising from the activity described above. I recognize that the rights I am giving up include, but are not limited to, the right to file a legal claim arising out of any substandard or negligent work by the student(s) participating in the activity. I confirm that no consideration, statement, promise, inducement, agreement, or representation has been made to me by any person in order to induce me to grant this ***waiver, release, and discharge***, beyond the matters set forth in this **Service Agreement**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patron Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patron Printed Name Phone Number