

ELECTIVE INTERNSHIP ACKNOWLEDGEMENT OF RISK AND RELEASE

THIS IS A LEGALLY BINDING AGREEMENT

<p><i>NOTE: This document must be signed and dated, and returned to the College of Arts and Sciences prior to the student's commencement of any internship related activities.</i></p>
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1. I, _____ the undersigned desire to participate in an internship (hereafter referred to as the "Internship") to be conducted and supervised by _____ [*Name of Organization*] (hereafter referred to as the "Agency"), and in consideration of Saint Louis University (hereafter referred to as "SLU") awarding academic credit for my participation in the Internship I hereby agree to release, waive, discharge, and forever hold SLU, its Board of Trustees, officers, employees, and agents (hereafter referred to as the "Releasees") harmless from any and all direct or indirect liabilities, claims, demands, legal actions, and/or causes of action arising from or in relation to any damage to or loss of any property belonging to or possessed by me, or any injury, including death, that may be sustained by me in the course of my participation in the Internship.
2. I understand and acknowledge I am not required to participate in an internship, and that the decision whether or not to participate in an internship experience is entirely my own and shall be without consequence to my status as a SLU student or my program of study.
3. I understand and acknowledge that SLU does not control the management of the Agency or the manner in which the Agency conducts its operations, including without limitation, working environments and conditions, and the assignment of duties and responsibilities. I further acknowledge that the Agency, and not SLU, has overall control of and supervisory responsibility for the Internship and my Internship experience.
4. I acknowledge and agree that SLU, in granting me academic credit for my participation in the Internship, is affirming the Internship is an appropriate curricular option and by doing so SLU makes no other affirmations or warranties, either express or implied, as to the Internship, my Internship experience, or the Agency.
5. I am fully aware and acknowledge that there are certain known, as well as unknown, risks and hazards associated with participation in an internship experience, which may not be avoidable, including, without limitation, risks and hazards related to: travel to and from the internship location; exposure to communicable disease; exposure to toxic or otherwise dangerous chemicals and substances; serving individuals whose behavior may be unpredictable, and pose a danger to myself and others; and working in unfamiliar surroundings, and locations where security is uncertain. I understand and acknowledge that such risks and hazards may lead to, among other consequences, damage to or loss of property and personal injury, including death. I expressly agree that by electing to participate in the Internship I voluntarily assume full responsibility for any and all such risks of damage to or loss of property owned or possessed by me and injuries that may be sustained by me, including death, in the course of my participation in the Internship.
6. I acknowledge and agree that it is my responsibility to read and follow the Agency's safety and security rules, policies and procedures, and to follow such safety and security instructions that may be given to me by my Agency supervisors. I understand and acknowledge I am not required and shall not be forced to undertake any duties or participate in any activities in the course of the Internship which I believe may put my health or safety at risk, and I agree to immediately notify the Agency supervisor(s) and SLU Faculty Sponsor (as identified in the Learning Contract) of any conditions or circumstances which I believe may pose or have posed a threat to my health or safety

7. I acknowledge and agree it is my responsibility to provide the Agency, Faculty Sponsor, and SLU's Student Success Center Disability Services advance notification of any disability which may require reasonable accommodation in order for me to fully perform my duties and responsibilities in the course of the internship.
8. I acknowledge and agree that if I use my personal vehicle for my internship duties and responsibilities or otherwise for the benefit of the Agency, such use shall be entirely at my own risk, and SLU shall not be responsible for nor incur any liability for any damage or loss of property or personal injury that may result, including death.
9. It is my express intent that this Elective Internship Assumption of Risk and Release Agreement shall bind my spouse or partner, and members of my family if I am alive, and my heirs, assigns and personal representatives if I am deceased, and shall be deemed as a release, waiver, discharge, and covenant not to sue the Releasees. I hereby further agree that this Elective Internship Assumption of Risk and Release Agreement shall be construed in accordance with the laws of the State of Missouri without regard to its conflict of laws' provisions.
10. I warrant that I am at least eighteen (18) years of age and I am competent to contract in my own name. If I am under the age of eighteen (18) my parent or legal guardian must sign below. I acknowledge that I have fully read the provisions of this Elective Internship Acknowledgement of Risk and Release prior to signing below, and I understand their meaning and impact. I warrant that no oral representations, statements or inducements, apart from the forgoing written agreement have been made.

IN SIGNING THIS ELECTIVE INTERNSHIP ACKNOWLEDGEMENT OF RISK AND RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read and understand the foregoing, and sign it voluntarily as my own free act and deed.

_____/_____/_____
Signature Date

_____/_____/_____
Name (print) Date of Birth

PARENT OR LEGAL GUARDIAN IF UNDER EIGHTEEN (18) YEARS OF AGE

_____/_____/_____
Signature Date

_____/_____/_____
Name (print) Date of Birth