

Student Agreement for In-Person Internship Experience and Acknowledgement of Risk

Student Name: _____

Requested Internship Site: _____

Dates of Internship: _____

(PLEASE READ CAREFULLY BEFORE SIGNING)

I, _____ (“Student”) am requesting to participate in an off-campus internship for academic or experiential learning credit that requires in-person meetings during the dates outlined above.

In making this request, I understand and agree that I am under no obligation from the University to participate in the above-referenced internship and I acknowledge that my participation is voluntary. Further, I understand that my Faculty Supervisor is willing to assist me in finding alternative opportunities, including internships that permit remote work options or are located in areas which may be less affected by COVID-19.

I acknowledge that my participation in the internship may result in risk of exposure to contagious diseases, such as COVID-19, property damage, bodily or personal injury, including death. I acknowledge and agree that I am voluntarily engaging in this internship at my own risk and that I remain responsible for my well-being, including taking necessary steps to ensure my personal safety. I understand that all medical treatment or healthcare (emergency or otherwise) that I receive or require as a result of this internship experience will be my sole responsibility and expense.

I agree to abide by all applicable laws and government orders, including local ordinances, regarding COVID-19 while at this internship placement. I understand that changing conditions may result in new laws, orders, ordinances, or Site policies that may negatively impact my ability to complete the internship as requested.

I certify that I am at least 18 years of age. This acknowledgement is given freely and voluntarily by me without coercion, duress, threat or promise of any kind. I certify that I understand and have read the above carefully before signing.

Name of Student

Signature of Student

Date