



Waiver and Release of Liability Agreement

Student Name _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Internship Site _____

Description of Activities _____

I, _____, acknowledge that I have voluntarily chosen to participate in the above-referenced activity/(ies) and have full knowledge of the risks this activity presents, including travel to, participation in, and returning from the activity.

I understand that by being permitted to participate in this activity, I agree to assume any and all risk of injury or death. I further understand and agree to assume responsibility for all risk of theft, loss, or damage of personal property that occurs at any time arising out of my participation in the activity.

I understand and agree that as a condition of participation in the activity, I further agree to release from liability and to indemnify Calumet College of St. Joseph and

Name of Organization/Agency

and its officers, directors, agents, employees, assigns, successors, or lessors for any damage, injury or death to myself or to any person or property in any way connected with my participation in the activity.

I understand and agree that I have carefully read this agreement and fully understand all its terms and conditions.

I understand that this is a release of liability that could legally prevent me from filing suit or making any other legal claim for damages in the event of my injury or death. With this knowledge, I am entering into this agreement freely and voluntarily. I agree that it is binding upon me, my spouse, my heirs, my children, any guardian ad litem for the children, my assigns and legal representatives.

I understand and agree that I have read this waiver and release, have been provided all necessary information to make an informed decision.

Student Signature

Date