

INTERNSHIP ACKNOWLEDGEMENT OF
RISK AND CONSENT FORM

Section I

Internship Site:

ExL Coordinator or Faculty Sponsor:

Description of Internship Activity:

Section II

I understand that there are certain dangers, hazards and risks associated with my participation in the internship activity(s) described above. I further understand that all risks cannot be prevented. I have considered the risks associated with participating in this internship and knowingly and voluntarily assume all said risks. Furthermore, I represent that I am physically and mentally capable of participating in this internship and that I am capable of using the equipment, if any, associated with the activity.

On behalf of myself, and my family, heirs, assigns, and personal representatives, I hereby agree to indemnify, hold harmless, release from liability and waive any legal action against Holyoke Community College, its governing board, officers, agents and employees (collectively, "the Released Parties") for any personal injury, death, or property damage I may suffer, due to any cause, including but not limited to the negligence of the Released Parties, arising out of or in any way connected to my participation in the internship or while in transit to or from where the activity is being conducted.

I represent that I am covered by adequate medical/health/accident insurance for any injury that I may suffer at the internship site. In the event I require medical services due to an injury suffered during the internship, I understand and agree that Holyoke Community College does not provide medical services or medical personnel at the internship site and is under no obligation to provide transportation for me to obtain medical services.

I understand and agree that this document shall be construed in accordance with the laws of the Commonwealth of Massachusetts. If any term or provision of this document shall be held invalid or unenforceable, the remaining terms and provisions shall remain in full force and effect. I understand that by signing this document I am representing that I have read and understand all of its terms and conditions and that I fully intend to be bound by the same. I also understand that I may wish to consult with an attorney prior to signing this document.

Student's Name:

Student ID:

Student's Signature: _____ **Date:** _____

If the internship participant is under 18 years of age, in signing this form in the space provided you are indicating that you, as parent or guardian or ward of the above named person, have decided to allow the above named person to participate in this internship placement and that you have read and understand the information provided here.

Parent/Guardian/Ward Name:

Signature: _____ **Date:** _____

