**Samford University**

**Assumption of the Risk, Release and Indemnity Agreement**

**Internship Experience**

I want to have the opportunity to work and learn as an Intern in a business or organization. I understand that a major part of the learning experience is the prior planning and preparation for such an experience. While Samford encourages students to participate in the internship experience elsewhere, it does not require any student to leave the relative safety of the Birmingham, Alabama area for such experience.

I understand and agree that Samford University considers an internship to be an extension of its educational program, and therefore, the normal rules and regulations governing behavior that are applicable on the Samford University Campus are applicable to me during the period of foreign/domestic travel and work. I further understand that I am expected to exercise good judgment in planning and using my time and in maintaining conduct appropriate to my setting.

I am aware of the fact that along with the rewards of an internship (exposure to real life experience in an actual working environment), there are risks as well. The actual experience of working in a business or other organization, and living in the vicinity of that work, is not, and cannot be, controlled or even supervised on site by Samford University. During the time I am participating in the internship, including travel time, I will be on my own. I agree to plan my trip and my experience carefully. If I elect to go outside of the USA, I am aware that there are many sources of information about the culture, and the legal, political, governmental, and religious systems in foreign countries. I have been informed that I can obtain much important information from the U.S. State Department, and that I should study the materials located on its website at <http://travel.state.gov/content/travel/english.html>. If I travel outside of the USA, I agree to educate myself about, and to be sensitive to, the laws, customs, and mores of foreign countries. If I stay in the USA, I agree to educate myself about the locality in which I plan to live and work.

In either event, I agree, as part of my learning experience, to assume the risks inherent in living and working in a real life setting away from the relative security of a college campus with supervision by faculty and staff. By “assuming the risk” I mean that I will be responsible for any loss of money or personal property whether as a result of my own actions or by theft. I mean that I will be responsible for my own safety and my own actions. I mean that I cannot hold Samford University responsible or liable for any loss resulting from the consequences of personal injury, including death, or for the loss of money or personal property, whether resulting from negligence or intentional actions. I recognize that crime and violence, as well as unexpected difficulties, can occur to anyone in any part of the world.

I agree that part of my preparation for the internship experience includes, but is not limited to, making appropriate provision for insurance, passport (if appropriate), communication with my family while I’m away, medicine or other health support that I may need (including extra eye glasses or a prescription for eye glasses), and a way to obtain cash in an emergency.

I understand that while outside of the USA, U.S. consular officers may be of some assistance if called on to meet U.S. citizens at foreign police stations, hospitals, prisons and even at morgues, but in these cases, the assistance that consular officers can offer is limited.

In consideration of my being permitted to participate in an internship, I hereby release, discharge and covenant, on behalf of myself and my survivors, heirs, executors, personal representatives, successors and assigns, to hold harmless Samford University, its trustees, officers, faculty members, employees, agents, advisors or any one or more of them, or their executors, administrators, heirs or assigns (the “Indemnified Parties”) from any and all claims, demands, damages, costs, expenses, actions and causes of action, present or future, on account of injuries to my person or property, and even injuries resulting in my death, arising out of or in connection with my participation in the Internship. I intend for this release and indemnity agreement to protect the Indemnified Parties, from any and all claims, demands, damages, costs, expenses, actions and causes of action, present or future, of my parents or guardian, my estate, my spouse, if I am married or any other person or entity, on account of injuries to my person or property, and even injuries resulting in my death.

In further consideration of my being permitted to participate in an Internship, I, for myself and for my survivors, heirs, executors, personal representatives, successors and assigns, hereby assume full responsibility for the risks, foreseen or unforeseen, of property damage, injuries, or death while participating in the internship activity, including travel. I further agree to indemnify and hold harmless the Indemnified Parties from all claims, demands, damages, costs, expenses, actions and causes of action, present or future, that may accrue to any person or entity as a result of any property damage, injuries, or death, that may occur to me or that may be caused by me as a result of my participation in the internship experience.

**This is a legally binding document and has important legal consequences!**

**I have carefully read the foregoing Assumption of the Risk, Release and Indemnity Agreement. I have had the opportunity to study it, to ask questions about it, to consult with my parents or other advisors about it, and after such inquiry, I am satisfied that I fully understand the consequences of my execution of this Agreement. I am signing this Agreement as my own free act. I certify that I am at least 19 years of age as of the date I sign this Agreement or that I have advised Samford University that I am under 19 years of age. If I am not yet 19 years of age I agree to have my parent or guardian sign this Agreement.**

Signed this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

Type or Print Name of Student Signature of Student

Witness (if Student is 19 or older) or Parent/Guardian (if Student is under 19)