

Assumption of Risk
(Private College/University)

Internship Agency/Location: _____

Student Name: _____

Student ID #: _____

Date of Birth: _____

Address: _____

Local Telephone: _____

Home Telephone: _____

I fully realize that participation in an internship at the above listed agency involves dangers that are not foreseeable and that risks are involved in participating in these activities.

I hereby completely assume all risks attached to the activities of this program and do clearly and irrevocably declare that every act that I might do in participating in such activities is done of my own free will.

I further agree to hold harmless the above listed agency and _____, their officers, directors, agents, employees, instructors and associates from any and all manner of third-party actions or claims and agree to reimburse any claims against the above listed agency, _____ and their officers, directors, agents, employees, instructors and associates arising by reason of my participation in this program.

I hereby declare that I have completely read, fully understood, and voluntarily accept the terms of this statement.

(Date)

(Signature of Participant)

Assumption of Risk
(State College/University/Community College)
BOCES

Internship Agency/Location: _____
Student Name: _____
Student ID #: _____ Date of Birth: _____
Address: _____
Local Telephone: _____ Home Telephone: _____

I fully realize that participation in an internship at the above listed agency involves dangers that are not foreseeable and that risks are involved in participating in these activities.

I hereby completely assume all risks attached to the activities of this program and do clearly and irrevocably declare that every act that I might do in participating in such activities is done of my own free will.

I further agree to hold harmless the above listed agency and the State of New York, their officers, directors, agents, employees, instructors and associates from any and all manner of third-party actions or claims and agree to reimburse any claims against the above listed agency, the State of New York, the State University of New York, Community College, and their officers, directors, agents, employees, instructors and associates arising by reason of my participation in this program.

I hereby declare that I have completely read, fully understood, and voluntarily accept the terms of this statement.

(Date)

(Signature of Participant)