



FIELD EXPERIENCES (INTERNSHIP)

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

This document must be completed in order to participate as an intern in the Field Experiences Program sponsored by the School of Communication at Illinois State University (the "Program").

Participant (print full name):

I, the undersigned, am either the participant named above or the parent and/or legal guardian of the minor participant named above (both of whom are referred to herein collectively and individually as the "Participant"). I am familiar with the activities, responsibilities, conditions and risks that are associated with participation as an intern or volunteer in the School.

I understand that participation in the Field Experiences program can include foreseeable and unforeseeable risks. Participant freely and voluntarily participates, or allows participation, in the Program with knowledge of the dangers involved and agrees to assume and accept any and all risk of participation in the Program. I understand that Illinois State University does not assume any liability whatsoever for personal injuries or property damages to any person arising out of Participant's participation in the Program or activities related to it. I also agree to release, indemnify and hold harmless Illinois State University from any and all liability and claims arising out of, or related to, Participant's activities in the Program.

I certify that I have health insurance to cover the costs of treatment in the event of any injury. In the event of injury, I also consent to the providing of emergency aid or other medical care as may be appropriate under the circumstances.

_____ **I am signing this Agreement for myself as Participant.** I am at least eighteen (18) years of age and I understand the terms of this Agreement. I also acknowledge that this Agreement will bind my heirs and personal representatives.

Signature of Participant

Date

----- (or) -----

_____ **I am signing this Agreement on behalf of a minor Participant.** I am the Parent/Guardian of the Participant and I understand the terms of this Agreement. I also acknowledge that these terms will bind my heirs and personal representatives and the heirs and personal representatives of Participant.

Signature of Legal Guardian and/or Parent of Participant

Date

IMPORTANT NOTICE: *In order to place interns outside of the State of Illinois, the university must be authorized by each state. Currently, Illinois State University is not authorized to place interns in: Alaska, Arkansas, Kentucky, Louisiana, Maryland, New Hampshire, New York (no interns in licensed professional fields but others OK), North Carolina (no health-related clinical experiences or student teaching), Oregon, Tennessee, Washington (the state—not D.C.).*

