HAGERSTOWN COMMUNITY COLLEGE
INTERNSHIP WAIVER AND RELEASE OF LIABILITY FORM

**This form is to be returned to the Internship and Job Services Office, located in Student Center Room 138, before you engage in any internship experience. The purpose of this form is to inform you of certain risks and responsibilities that you will** **be assuming while participating in this experience. Please read the form carefully before signing.**

1. RISKS AND DANGERS

There are dangers found in any type of internship experience including, but not limited to, accidents, death, injuries, damages, losses, and illnesses. The internship experience could encompass specific risks such as:

\_\_\_ Working conditions involve everyday risks of discomforts that require normal safety precautions. Use of safe work place practices with office equipment, avoidance of trips/falls, observance of fire and traffic regulations are involved; exposure to outdoor weather conditions.

\_\_\_ Working conditions involve use of special safety precautions because of working around moving parts, use of carts, machines, working with contagious diseases and/or irritant chemicals. Use of protective clothing or gear may be required; exposure to or working in adverse outdoor weather conditions may be required.

\_\_\_ Working conditions involve more than occasional high risks with exposure to dangerous situations such as aggressive human behaviour, extreme heights, combustible materials, etc. Knowledge and use of a range of safety and other precautions are necessary; exposure to or working in extreme outdoor weather conditions or situations where conditions cannot be controlled may be required.

\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please consider all risks and dangers carefully before deciding to participate in your experience.

\_\_\_ Student’s initials. I have read and understand the risks and dangers involved in this experience.

\_\_\_ Parent or legal guardian’s initials for students under 18. I have read and understand the risks and dangers involved in this experience.

1. HEALTH AND SAFETY

Hagerstown Community College does not provide health insurance. Students are responsible for providing their own health insurance. Students are required to carefully follow instructions and safety procedures provided by the employer and the College. Students are also required to abide by the rules and regulations of the College to include the Student Code of Conduct. Students failing to act in accordance with the rules and regulations of the College may not be permitted to continue to participate in the experience.

1. GENERAL PROVISIONS

Hagerstown Community College assumes no responsibility or liability, for personal or property injuries resulting to the student or for damages caused by the student, resulting from the student’s participation in an internship experience. The student shall indemnify and hold harmless Hagerstown Community College regarding any claims, causes of action, or damages incurred as a result of the negligence or wrongful act of the student or employer.

1. DISABILITY SUPPORT SERVICES

Students requiring accommodations for a disability should contact Disability Support Services (Student Center) at
240-500-2273 or 240-500-2628 at least two weeks prior to the start date of the internship experience.

1. TIME PERIOD

This release and waiver are in effect beginning \_\_\_\_\_\_\_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_\_\_\_.

HAGERSTOWN COMMUNITY COLLEGE
INTERNSHIP WAIVER AND RELEASE OF LIABILITY FORM

SUMMARY

I understand that there are certain dangers, hazards and risks in internship experiences. I understand that Hagerstown Community College does not assume responsibility for any injuries, death or damage resulting from these dangers, hazards or risks. I understand that the College in no way represents, or acts as agent for the operation or management of any facilities or other suppliers of goods or services used by or during internship experiences. I further understand that the College is not responsible or liable for any injury, damage, loss, accident, delay or other irregularity, which may be caused by any supplier of any goods or services used by or during internship experiences. I also understand that the College is not responsible for losses or expenses due to weather, strikes, hostilities, wars, natural disasters, terrorism or other such causes.

I fully and finally release from any and all liability, claims, demands, and causes or action, and covenant not to sue or cause to be sued in any judicial or administrative forum, the College, its officers, agents, and employees with respect to any and all matters relating to or arising out of my participation in an internship experience. I understand that this Release and Waiver of Liability may not be modified or waived except by a written document signed by me and by a duly authorized representative of the College.

I warrant that I am at least eighteen (18) years of age as of the date I have signed this document. If under that age of (18) years, the parent or legal guardian of such participant on behalf of the participant must also sign below.

I understand that the terms and provisions of this document are severable. If, for any reason, one or more terms of this document are held to be unenforceable, illegal or in conflict with any law governing this document, the validity of the remaining portions of this document shall not be affected.

I acknowledge that, prior to signing the Waiver and Release of Liability, I have read this document, and that I understand its terms and conditions, and voluntarily execute it with the understanding that the College shall rely on the statements and warranties contained herein. I further understand that this document binds my estate, my heirs, assigns and me.

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Semester and Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In Case of Emergency Contact: (include name, address, relationship, and relevant phone numbers)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***If the participant is under 18, a parent or legal guardian must also sign.***

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PLEASE SUBMIT THE COMPLETED FORM TO:

**Hagerstown Community College, Internship and Job Services Office, Student Center Room 138**

**QUESTIONS? PLEASE CALL 240-500-2260**