



SEATTLE UNIVERSITY

COLLEGE OF ARTS AND SCIENCES

INTERNSHIP RISK ACKNOWLEDGEMENT AND RELEASE

NOTE: This form must be signed and returned to the sponsoring faculty/internship coordinator before the student can begin service at the internship site. Hand this form in when you submit your registration form. Any changes to this form must be approved by the Office of University Counsel.

Student Name: _____ Class: _____

Supervisor Name: _____ Section: _____

Agency/Organization: _____ Faculty Sponsor: _____

In consideration of being allowed to participate in an internship placement as part of my academic program, I hereby acknowledge and agree as follows:

1. Seattle University does not control the way in which the community agency or partner (“Agency”) is structured or operates. In granting academic credit for this internship experience, the University affirms that the experience is an appropriate curricular option for students in an undergraduate program of study and worthy of Seattle University credit, but makes no other assurances, express or implied, about the Agency.

2. I understand and acknowledge that by participating in an academic internship placement, I am being provided with an opportunity for personal growth and a real world educational experience. I also understand and acknowledge there are certain risks inherent in my participation in this internship placement including, but not limited to, risks arising from:

- Commuting to and from the placement site;
- Providing services to members of the community or their family members who may become unpredictable, angry or violent;
- Exposure to communicable or infectious diseases, bodily fluids, medicinal preparations, or toxic substances; and
- Working in unfamiliar surroundings, neighborhoods or communities.

3. I acknowledge that all risks cannot be prevented and some risks could result in loss or damage to my personal property or injury to my body, including death. I agree to assume those risks, whether foreseen or unforeseen, that are beyond the reasonable control of Seattle University or the staff at the Agency.

4. I acknowledge and agree that it is my responsibility to understand and follow the Agency’s safety procedures and safety guidelines as described by my Agency supervisor to minimize risks and enhance my safety while placed at the Agency. I understand that I will not be forced to engage in assignments at the internship site in which my safety or well being is at risk. I agree to report to my Agency supervisor and my sponsoring faculty/internship coordinator any incidents in which I am or feel threatened or unsafe while at the internship site.

5. I understand that in connection with my internship placement, I must have the ability to interpret, adapt, and apply safety procedures and guidelines. I must be able to react calmly and effectively in emergency situations and have the ability to establish and maintain effective relationships with a variety of populations, agency staff, sponsoring faculty/internship coordinator, social work or service professionals, and the public.

6. If I have a physical, mental, or sensory condition which could affect my ability to participate fully in an internship experience, or to perform the essential duties and responsibilities associated with the internship assignment, then it is my responsibility to timely notify the Seattle University Learning Center/Disabilities Services (206.296.5740) to discuss reasonable accommodations or modifications.

7. When I am participating in the internship activities, I am doing so as a Seattle University student, and not as an employee of the Agency. Therefore, if I am injured or hurt or become ill in connection with my internship assignment, I understand that I am not eligible for workers compensation insurance or benefits.

8. If I require emergency medical treatment as a result of an accident or illness arising during the internship experience, I consent to such treatment. I understand that Seattle University does not provide health or accident insurance for internship participants. I agree to be financially responsible for any medical bills that I may incur resulting from emergency or other medical treatment. I acknowledge that I am required to purchase student insurance through the University or provide proof of sufficient insurance coverage.



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9. I agree to notify the sponsoring faculty/internship coordinator and my Agency supervisor of any medical conditions that might necessitate an emergency response by the internship site.

10. I understand that if I use my personal vehicle for the benefit of the Agency with whom I perform my internship, Seattle University is not responsible for nor does it have any liability for personal injury or property damage that may result from that use.

11. I understand that the responsibilities and circumstances of an off-campus internship opportunity require a standard of professional decorum. Therefore, by my signature below I indicate my willingness to understand and conform to the standards, policies, and procedures of the Agency. I further understand that it is important to the success of the internship program and the continuance of future internship participants that students observe standards of conduct that would not compromise Seattle University in the eyes of individuals and organizations with which it has dealings, and I acknowledge the sponsoring faculty/internship coordinator's responsibility for setting rules and interpreting conduct for this purpose. I agree that the University or the Agency has the right to terminate me from my internship placement because of conduct that might bring the program into disrepute or that violates Seattle University or Agency policies. All final resolutions of my academic status in such situations will be made by the University.

12. If, in connection with my participation in the internship experience, I suffer any injury, illness, loss, expense, damage, or death, that is beyond the reasonable control of Seattle University, I agree not to sue and agree to release and forever discharge Seattle University and its governing board, officers, administrators, agents, faculty, and employees from any and all claims, demands, causes of action, costs, or expenses that can or may arise from my participation in the internship. This release and covenant not to sue is binding on my family, my heirs, my personal representative, agents, and assigns.

13. I am at least 18 years of age and legally competent to sign this document. I have read and understand everything written above, and I voluntarily sign this Agreement, Risk Acknowledgment, and Release. The signature of a parent/guardian for a minor indicates the parent/guardian agrees, on behalf of his/her minor child, to be bound by all the terms of this document.

Date

Student Signature

Printed Name of Student

Signature of Parent/Guardian, if student is under 18 years of age