

Student Internships Release Form

Please read this form carefully. Note that by signing this waiver and release and participating in the internship described below (the "Activities"), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you might sustain as a result of any and all activities connected with and associated with the Activities.

SFA SPONSORING DEPARTMENT: _____

SUPERVISOR OF INTERN (Print Name): _____

INTERN (Print Name): _____

ADDRESS: _____

PHONE NUMBER: _____

DESCRIPTION OF INTERN'S ACTIVITIES: _____

LOCATION: _____ DATES: _____

I, the above named intern, am 18 years of age or older, and am performing as an intern at SFA of my own free will. I acknowledge that within the course and scope of my activities as an intern, I may be exposed to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks. In consideration of being permitted to participate in the Activity, I hereby accept all risk to my health, including any injury or death, and property that may occur while I am acting within the course and scope of the Activity as an intern or otherwise participating in the Activity. To the best of my knowledge, I can fully participate in this activity.

I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Stephen F. Austin State University, the Board of Regents, the State of Texas, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES), from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while interning or otherwise participating in the Activity, or while in, on or upon the premises where the Activity is being conducted or in transportation to and from said premises.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS RELEASEES from any loss, liability, damage or costs, including court costs and attorneys' fees they may incur due to

my participation in said Activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

It is my express intent that this Intern Release Form shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE above named RELEASEES.

I further understand and acknowledge that SFA is not an insurer of my personal safety or property. I UNDERSTAND THAT THE UNIVERSITY WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY I MAY SUSTAIN. I also understand that I should and am urged by SFA to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the Activity or the transportation to and from said Activity.

I further agree to become familiar with the rules and regulations of SFA and not to violate said rules or any directive or instruction made by the person or persons in charge of said Activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Intern Release Form, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same. I understand this Intern Release Form will be construed in accordance with the laws of the state of Texas.

Signature of Intern

Date: _____

Department Head Signature

Date: _____