

STATEMENT OF RESPONSIBILITY AND AUTHORIZATION RELEASE, AND INDEMNIFICATION AGREEMENT

I, _____, am a student at Centre College (the “College”). I desire to participate in the College’s internship program for the _____ term of 20__ (the “program”). I acknowledge that my participation in the Program is wholly voluntary and I agree to all the terms and conditions of contained in this document (and those incorporated within this document), without which agreement the College would not be willing to allow my participation.

1. Conduct Agreement. I acknowledge that I have read and hereby agree to abide by all the rules of conduct as stated in the Centre Student Handbook. I further acknowledge that such rules, including those related to drugs and alcohol are applicable to students in Centre-Sponsored programs off-campus. The College Internship and Outreach Coordinator has the full authority to act on behalf of the College in enforcing rules and behavior suitable to making the educational experience worthwhile for all concerned. I am aware that, since I will be identified with the College and that my behavior reflects back upon the College, I must behave responsibly. I acknowledge that any disciplinary action taken against me may include termination of my participation in the Program, in addition to any other actions provided for in the Student Handbook.

2. Independent Travel. I agree that if I engage in travel, I will assume full responsibility for my own safety.

3. Changes. I acknowledge that the College reserves the right to make changes to the Program at any time and for any reason, with or without notice, and that the College shall not be liable for any loss whatsoever to participants by reason of such cancellation or change. I will be responsible for any additional expenses resulting from such changes.

4. Insurance. I represent that I am and will be adequately covered throughout the Program by a policy of comprehensive health and accident insurance, providing coverage for injuries and illnesses sustained. I have provided the information required on the Health Insurance Attachment included with this document.

5. Additional Expenses. Any unusual expense or obligation incurred by me or on my behalf by the College or its agents will be paid or reimbursed by me promptly. I acknowledge that costs for me to be sent home as a result of moral, legal, or disciplinary problems constitute an unusual expense in this Program.

6. Release and Indemnification. **READ CAREFULLY—YOU ARE WAIVING IMPORTANT RIGHTS.** I, individually, and on behalf of my heirs, assigns, and personal

representatives, hereby release and forever discharge, and agree to indemnify and hold harmless, the College and its employees, agents, officers, and trustees (individually and in their official capacities) from and against any and all liability whatsoever for any and all damages, losses, or injuries (including death) including but not limited to any claims, demands, judgements, damages, expenses, and costs (including attorney's fees), which arise as a result of or connected in any manner to my participation in the Program. I further acknowledge that the College will not be responsible or accept liability for the actions of third parties, such as Employer Sponsors, airlines, hotels, or common carriers, which cause me loss, damage, or injury, or for circumstances beyond its reasonable control, such as inclement weather, acts of God, or accidents.

7. Other Acknowledgements. In signing this Statement of Responsibility and Authorization; Release and Indemnification Agreement, I hereby acknowledge that I have read this entire document, that I understand its terms, that I will abide by each of the terms and conditions, that by signing it I am giving up substantial legal rights I might otherwise enjoy, and I have signed it knowingly and voluntarily.

***** Students must sign. Parent or guardian must also sign if the student is under 21 years of age.**

Signature of student Printed name Date

Signature of parent or guardian Printed name Date

Health Insurance Attachment

Health Insurance Carrier

Carrier's Name

Address

Telephone Number

Policy Number

Student's Name

Please note: You should check with your insurance carrier concerning your coverage while you're interning.

If you **DO NOT** have health insurance, please check this box and complete the STUDENT HEALTH INSURANCE ACKNOWLEDGEMENT AND WAIVER (See Career Services for this form.)