

INTERNSHIP ASSUMPTION OF RISK AND LIABILITY RELEASE

This is a legally-binding Release made by me, _____ [STUDENT'S NAME], to East Carolina University.

I fully recognize that there are dangers and risks to which I may be exposed by participating in an in-person internship at _____ [INTERNSHIP SITE] during the COVID-19 pandemic. I acknowledge that my in-person presence at the internship site places me at risk of exposure to COVID-19. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with this activity: personal illness that may require hospitalization and significant bodily injury, including but not limited to pneumonia, stroke or death and may also cause similar illness in others I come into contact with. I understand that the Institution does not require me to participate in this activity at this time, but I want to do so, despite the possible dangers and risks and despite this Release.

I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. I agree that it is my responsibility to adhere to all infection prevention protocols at the internship site. In consideration of and return for the services, facilities, and other assistance provided to me by the Institution in this activity, I release the Institution (and its governing board, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to me, from my death or from damage to my property in connection with this activity. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act of the Institution (or its governing board, employees, or agents), including but not limited to negligence, mistake, or failure to supervise by the Institution.

I recognize that this Release means I am giving up, among other things, rights to sue the Institution, its governing board, employees, and agents for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

I acknowledge that my participation in the internship is voluntary and not required by the Institution at this time. I acknowledge that I have been informed of my option to delay my internship. I understand that if I do, completion of my degree will also be delayed, but the Institution will waive any requirements to complete my degree within a specific timeframe.

I have read this entire Release, I fully understand it and I agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

Student's Signature

Date

For minor visitors (under 18 years of age)

I am under 18 years of age and have signed above to indicate my assent, but understand that my parent or legal guardian's signature must be included to complete the form before my visit to ECU.

Parent/Legal Guardian Signature

Date