

Waiver and Release

Department of Health Sciences and Social Work
Western Illinois University

WHEREAS, The Department of Health Sciences and Social Work of Western Illinois University, Macomb, Illinois, has entered into agreements with various organizations and agencies by which such bodies have agreed to accept certain students in the Department of Health Sciences and Social Work as interns with such agencies for the purpose of furthering the education of such students, and

WHEREAS, I have been accepted by

(Name of Agency Accepting Intern)

as such an intern, and whereas, the internship training program will include participating in agency activities as directed, and may include riding in agency vehicles.

NOW THEREFORE, I hereby, in consideration of my acceptance as such an intern by the above named agency or organization, and the efforts of Western Illinois University in securing such placement, do release and waive any and all claims or demands of whatsoever nature that now I have or may in the future acquire against said Western Illinois University, and

(Name of Agency Accepting Intern)

together with the officers, agents, servants, and employees of Western Illinois University and the

(Name of Agency Accepting Intern)

resulting from my service as such intern.

I further covenant and agree, in consideration of my placement and acceptance as such intern, to indemnify and hold harmless said University and accepting agencies and organizations, their officers, agency, and employees from any liability that may be incurred by them or either of them, proximately resulting from any acts by me during such internship.

I further represent that I am above the age of 21 years, full understanding of all risks involved, and agree that this waiver and release shall be binding upon my heirs, executors, administrators, and assignors.*

Student Signature

Parental Signature * Required if under age 21.

Witness Signature