

Off-Campus Student Participation Agreement

I _____ hereby acknowledge my awareness that participation in an off-campus internship or applied learning experience arranged through Southern Illinois University Edwardsville's _____ (department/school) as part of _____ (course) during _____ semester 200__ may expose me to a risk of property damage and bodily or personal injury, including injury that may prove fatal, to myself or others. For the sole consideration of the University arranging for my participation in an off-campus internship or applied learning experience at _____ (facility), I agree to assume all the risks and responsibilities surrounding my participation in the above-referenced internship/experience, the transportation, and in any independent research or activities undertaken as an adjunct thereto, and in advance I hereby waive liability, release, hold harmless, covenant not to sue, and forever discharge Board of Trustees of Southern Illinois University, a body politic and corporate of the State of Illinois, on behalf of Southern Illinois University Edwardsville and its members individually, and its officers, agents, employees, and any students acting as employees, hereinafter "Releasees", from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, whether caused by the negligence or carelessness of the Releasees or otherwise, resulting from or in any way connected with my participation in the internship/experience, or while in, on, upon, or in transit to or from the premises where the internship/experience, or any adjunct to the internship/experience, occurs or is being conducted.

I further agree to follow all administrative policies, standards, and practices of the off-campus facility. I understand that I shall not be deemed to be employed by, or to be an agent or servant of, the Board of Trustees of Southern Illinois University for any services I provide during the internship and that I will not receive monetary compensation for such services from the University. I further state that there are no health-related reasons or problems which preclude or restrict my participation, without provisions of reasonable accommodation, in this activity and that I shall be fully responsible for any medical costs, through adequate health insurance or otherwise, that may be attendant as a result of injury to me during my internship activities.

I understand that acceptance of this *Off-Campus Student Participation Agreement* by Releasees shall not constitute a waiver, in whole or in part, of sovereign immunity by Releasees; that it shall be effective during the entire period of my participation in the internship/experience; that it binds me and my heirs, executors, administrators, and assigns; that it shall be construed in accordance with the laws of Illinois; and that if any of its terms or provisions are held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby.

I have read, understand, and have freely and voluntarily signed this *Off-Campus Student Participation Agreement*. I warrant that I am over the age of 18 years.

Signature of student participant

Signature of witness

Date