

## WAIVER AND RELEASE OF LIABILITY

DATE: \_\_\_\_\_

I understand that participation as a student intern in the Master of Social Work program will require participating in off-campus placement agency locations.

I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against California State University, Stanislaus (the University) as a result of my participation in the internship. This release is intended to discharge the University, its trustees, officers, employees and volunteers, and any placement agencies from and against any and all liability arising out of or connected in any way with my participation in the internship. I further understand that accidents and injuries can arise out of internship which may cause personal injury; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons and agencies mentioned above who might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, released and assumption of risk is to be binding on my heirs and assigns. It is the intention of the parties hereto that the provisions of this paragraph be interpreted to impose on each party responsibility for their own negligence.

I acknowledge that I have been fully informed that the placement agency does not provide liability insurance or worker's compensation while placed as an intern in the agency.

I acknowledge that I have read and fully understand the above Waiver and Release of Liability.

I further acknowledge that the reasons for my being requested to sign this Release have been fully explained to me and that I understand them.

I am signing this Release of my own free will and I have not been influenced or coerced by any representative or employee of the State (student under age eighteen (18) must have the signature of their parent or guardian).

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Participant Signature

Please mail the completed form to the MSW Department, CSU Stanislaus, One University Circle DBH122, Turlock, CA 95382 ATTN: Elizabeth Magana