CALIFORNIA STATE UNIVERSITY, STANISLAUS - **ACADEMIC INTERNSHIP RELEASE**

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

In consideration for being allowed to participate in this Master of Social Work Internship as part of the coursework, on behalf of myself and my next of kin, heirs, and representatives, I **release from liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, California State University, Stanislaus, and their employees, officers, directors, volunteers, auxiliaries and agents (collectively "University") from any and all claims, **including claims of the University's negligence,** resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic loss or emotional loss I may suffer because of my participation in this Internship, including travel to, from and during the Internship.

I am voluntarily participating in this Internship. I am aware of the risks associated with traveling to/from and participating in this Internship, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Internship location(s) or facilities. **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Internship, including travel to, from and during the Internship.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, which may occur as a result of my participation in this Internship, including travel to, from and during the Internship. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Internship, including travel to, from and during the Internship.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

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 have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Name (PRINT):_____

Participant Signature:_____ Date:_____