



STUDENT INTERN ASSUMPTION OF RISK

Student's Name: _____

Field Placement Agency: _____

Field Placement Supervisor: _____

Internship Dates: _____

I, the above-named Student, have voluntarily applied and/or agreed to participate in the above-described internship, which is associated with Sam Houston State University ("SHSU") and the course named above. I understand that the internship is unpaid and that no employer-employee relationship will exist between the Organization and me.

I acknowledge that the nature of the internship may expose me to hazards or risks that may result in my **ILLNESS, PERSONAL INJURY, DEATH, OR SEVERE SOCIAL AND ECONOMIC LOSS THAT MIGHT RESULT NOT ONLY FROM MY OWN ACTIONS, INACTIONS, OR NEGLIGENCE, BUT ALSO THE ACTION, INACTION, AND NEGLIGENCE OF OTHERS.** I acknowledge that along with any hazards or risks that is inherent in, associated with or arising from the internship, hazards or risks also includes any act by any third party unrelated to the internship. **I fully understand and appreciate the nature of such hazards and risks.** Hazards and risks also include any activity that I undertake without SHSU faculty member supervision or consent. I acknowledge further that some activities I undertake related to the internship may involve a serious injury risk, including permanent disability or death resulting from the condition of the Organization's facility or equipment item(s). **I, and not SHSU, am personally responsible for my own safety,** including responsible to inspect each location, facility or equipment item(s). If I recognize the item to be unsafe, I will immediately advise a responsible SHSU faculty member of the condition, and will not participate in the activity. Other risks not known or reasonably foreseeable at this time may also exist.

In consideration of my participation in the internship, I voluntarily hereby accept and expressly assume all hazards and risks to my health that may result from such participation.

Signature: _____ Date: _____

Consent for Emergency Treatment:

Should I require emergency medical treatment as a result of accident or illness arising during the internship, I consent to such treatment and grant permission to SHSU or its agents to arrange for emergency medical treatment for me. I acknowledge that I, and not SHSU or the Sociology Department, am solely and legally responsible for paying any, and all costs for medical care or treatment I may need as a result of participation in the internship.

Signature: _____ Date: _____