

Elmhurst College

STUDENT INTERNSHIP / PRACTICUM/ SHADOWING AGREEMENT

Experiential Learning Waiver

(This is a release. Please read carefully.)

Student Name: _____ ID# _____

Internship/Practicum/Shadowing Dates: _____

Internship/Practicum /Shadowing Agency Site: _____

In consideration for the opportunity, which could be for credit or not for credit, by participating in an/a internship/practicum/shadowing experience, the undersigned acknowledges and certifies the following:

Elmhurst College (the College) itself does not control the way in which this experiential learning opportunity and the internship/practicum/shadowing site are structured and operate. In coordinating this internship/practicum/shadowing experience, the College, its officers, trustees, representatives, agents, attorneys, employees, and successors make no assurances, expressed or implied related to the environment which might exist at the internship/practicum/shadowing site. Each experience may include potential hazards which are beyond the control of the College, its officers, trustees, representatives, agents, attorneys, employees, and successors including, but not limited to, damages or loss of property or injury or death due to any act of negligence of the internship/practicum site, its employees and other persons rendering or participating in the experiential learning program.

INSURANCE COVERAGE

1. I have sufficient health, accident, and hospitalization insurance to cover me during my internship/practicum/shadowing experience. I further understand that I am responsible for the costs of such insurance, and I recognize that the College does not have an obligation to provide me with such insurance.
2. I assume full responsibility for any physical or emotional problems that might impair my ability to complete the experience, and I release the College, its officers, trustees, representatives, agents, attorneys, employees, and successors from any liability for injury to myself or damage to or loss of my possessions.
3. I understand that if I use my personal vehicle for the benefit of the organization with whom I serve my internship/practicum/shadowing experience, the College, its officers, trustees, representatives, agents, attorneys, employees, and successors has no liability for injury or property damage which may result from that use. I agree to rely solely on my personal vehicle insurance coverage and on any liability coverage which may be provided by the internship/practicum/shadowing site.
4. I understand that I will not be entitled to unemployment compensation benefits upon completion of my internship/practicum/shadowing experience. Further, I understand that the College, its officers, trustees, representatives, agents, attorneys, employees, and successors assumes no liability for injuries that I may suffer or cause to others during the course of my internship/practicum/shadowing experience and agree to be responsible for ascertaining whether the internship/practicum/shadowing agency/site provides workers compensation and/or liability insurance coverage for me.

PERSONAL CONDUCT

I understand that the responsibilities and circumstances of an/a internship/practicum/shadowing experience may require a standard of professional decorum that may differ from that of Elmhurst College. Therefore, I indicate my willingness to understand and conform to the professional standards of the internship/practicum/shadowing agency/site. I further understand that it is important to the success of both present and future internships/practicums/shadowing experiences that participants observe standards of conduct that would not compromise Elmhurst College from the perspective of individuals and organizations. I agree, should the campus supervisor of my program determine that I must be terminated from my internship/practicum/shadowing experience because of conduct that reflects poorly on the program or internship/practicum/shadowing agency/site, that decision will be final and may result in loss of academic credit, if applicable.

GENERAL RELEASE

I understand and agree that my participation in the internship/practicum/shadowing experience and use of any facilities in connection with the internship/practicum/shadowing experience is undertaken by me at my own sole risk and that Elmhurst College, its officers, trustees, representatives, agents, attorneys, employees, and successors are not liable for any claims, demands, injuries, damages, or actions whatsoever to me or my property arising out of or connected with the internship/practicum/shadowing experience. I do hereby release, acquit, forever discharge and covenant not to sue Elmhurst College, its officers, trustees, representatives, agents, attorneys, employees, and successors from any and all liability whatsoever, including all claims, demands and causes of action of every nature that may arise in connection with my participation in the internship/practicum/shadowing experience.

This agreement shall be construed, interpreted and controlled by the laws of the State of ILLINOIS.

I, _____ certify that I have read and understand all the terms and contents of this “*release and authorization*” and execute it voluntarily and unconditionally.

STUDENT SIGNATURE _____ Date of Birth _____ Age _____

PARENT/GUARDIAN SIGNATURE _____ Date _____
(If student is under age 18 at the time the experience begins, parent/guardian signature required)