WOOSTER
Advising, Planning, & Experiential Learning

ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

Intern Name:

Internship Host Organization:

Internship or Program Location (City, State, Country):

In consideration for the acceptance of _____ **(*student name*)** in the Fellowship named above, I agree and confirm as follows:

1. I understand that The College of Wooster requires students participating in off-campus fellowships to be covered by health and accident insurance which will provide coverage throughout the time period of the student's participation in activities connected with or collateral to the fellowship, including expressly activities overseas and all transportation to and from the location(s) of such activities. The College of Wooster requires that all students keep their primary insurance in addition to any supplemental travel insurance policies. The College of Wooster makes no representations or warranties regarding the adequacy or sufficiency of any insurance coverage, including but not limited to those listed herein. **Please initial one and complete all required information:**

_____ The student plans to participate in a **domestic** (U.S. or home country) Fellowship and will be covered by their own personal health and accident insurance plan.

OR

_____The student plans to participate in an **international** Fellowship and will be covered by BCBS Global Solutions through The College's Global Engagement Office. This plan is **required** for all international fellowship programs not already required to have specific travel insurance by their program. The student will be enrolled by APEX and the insurance fee will be deducted from the student's total fellowship award.

Name as it appears on passport: _____

Date of birth: Month _____ Day_____ Year _____

Citizenship: _____

Date entering host country: Month: _____ Day: _____

Last date at internship/on program: Month: _____ Day: _____

2. I agree that the fellowship may provide the student, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services. I understand and agree that The College of Wooster assumes no responsibility for any injury or damages that might arise out of or in connection with such medical treatment. I further agree that any expenses resulting from the provision of such medical services are my responsibility.

3. I understand and acknowledge that there might be inherent health risks associated with living and studying off-campus and I agree that the student is personally responsible for obtaining all information regarding health, medical procedures, immunizations, and medications appropriate to the program of study.

4. I recognize that the fellowship discourages students from operating motor vehicles while on off-campus programs and I recognize that The College of Wooster, its Board of Trustees, officers and employees assume no responsibility or liability of any kind for the student's operation of a motor vehicle on such programs.

The student (initial 1):

_____ **will not** drive a motor vehicle of any kind while on the program;

_____ **will** drive a motor vehicle while on the program. The student's driving activities will be insured in all respects.

5. I recognize that participation in the fellowship is voluntary, that The College of Wooster is not present during the student's participation in the Fellowship, and that there are inherent risks and obligations that fellowship participants must assume. I recognize that The College of Wooster's endorsement of this fellowship signifies only its approval of the experiential learning merits of the Fellowship and that The College of Wooster may withdraw its endorsement if it becomes apparent that the fellowship cannot be carried out as planned. I further recognize that The College of Wooster makes no representation about the safety of particular sites or living arrangements, and students choosing to go on the Fellowship are urged to evaluate the particular circumstances surrounding the program. I understand that The College of Wooster does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Fellowship.

6. I assume full responsibility for all financial and other legal obligations incurred by the student as a result of the student's participation in and actions during or collateral to the Fellowship. I recognize that The College of Wooster assumes no liability or responsibility, and we hereby release The College of Wooster, its Board of

Trustees, officers and employees from all liability or responsibility for any injury, damage, or loss caused to or by the student in connection with the student's participation in the Fellowship, including but not limited to all activities and travel the student may undertake during and collateral to the fellowship. I certify that the above-mentioned student is fully responsible for participation in this fellowship and therefore hold harmless The College of Wooster.

7. I understand that should the student change the fellowship or fellowship location from that listed above, the terms and conditions of this Acknowledgement of Risk and Release of Liability form still apply, and the student must inform the Career & Experiential Education in APEX of the change.

8. (For **international** programs only. Please initial):

_____I recognize that the fellowship takes place in a foreign country. If the Department of State has issued formal travel advisories for the locale of the Fellowship, I will give careful consideration to the dangers recognized by such an advisory and follow College of Wooster policy on countries with travel warnings.

9. (For **international** programs only. Please initial):

_____ I acknowledge that the student may be required to obtain a visa per requirements of host country. Where a visa is necessary, the student takes full responsibility for obtaining the correct documents and abiding by its parameters. The College of Wooster, its Board of Trustees, officers and employees do not assume any responsibility or liability of any kind for acquisition of or issues related to visas.

10. (For **international** programs only. Please initial):

_____ I acknowledge that the student will be required to obey and comply with all laws of any foreign countries that the student may visit, including but not limited to laws pertaining to alcoholic beverages, marijuana, and other illegal substances. The College of Wooster, its Board of Trustees, officers and employees do not assume any responsibility or liability of any kind for the student's commission of any illegal act.

I hereby certify that I voluntarily sign this release, have read all of its provisions, fully understand its significance, and affirm my agreement to its terms as a condition of my participation in a fellowship at The College of Wooster.

Print name: _____ Date: _____

Signature: _____