I, *(Student Name)* will be granted credit for demonstrating the learning that takes place in *Name of Internship Position* (Internship) at *Site/Employer* from *Date* through *Date* to partially fulfill the requirements for *Class Number, Name and Quarter*.

**1. ACKNOWLEDGEMENT OF RISK**

I understand and acknowledge that the activities that I have agreed to undertake for the (Internship) may expose me to risks including discomfort, inconvenience, serious and permanent injury or disability, death, forfeiture of program fee, and/or loss of or damage to personal property as a result of, but not limited to, the following:

*EXAMPLE – REPLACE WITH SPECIFICS OF INTERNSHIP JOB AND SITE:*

* *Traumatic injury from fabrication equipment and tools, exposure to flame, electrical current, fumes or chemicals requiring emergency transport and medical treatment, and resulting in permanent injury, blindness, amputation, brain damage or death;*
* *Strain and sprain injuries from lifting and moving construction materials or equipment;*
* *Falls from scaffolding or other elevated surfaces, or tripping on cords, materials or other obstacles;*
* *Heat exhaustion, rashes or other illness or discomfort from exposure to construction conditions, dust, contaminants or from wearing protective equipment;*
* *Hearing loss, temporary and long term, from exposure to loud noise on the project;*
* *Emergency first aid treatment on-site.*

**2. ASSUMPTION OF RISK**

In offering credit for (*Class Number and Name*) for Internship, the University of Washington takes responsibility for understanding and informing students of the health risks involved in the Internship and helping them mitigate those risks. However the University cannot be aware of all risks or assume all responsibility for damage to or loss of property, personal illness, injury, or death of a student, or emergency response related to any of these activities. We require that each student sign the following statement as an indication that this position is understood and accepted.

I acknowledge that there are certain risks inherent in this internship, including but not limited to those indicated in Section 1. I acknowledge that not all risks can be prevented and I assume those risks beyond the knowledge and control of the University staff. I represent that I am able, with or without accommodation, to participate in the Internship, to use the equipment and/or supplies required, and have obtained any required immunizations and health examinations. Should I require emergency medical treatment as a result of accident or illness arising from work on the Internship, I consent to such treatment. I acknowledge that the University of Washington does not purchase health and accident insurance for students. I agree to be financially responsible for any medical bills incurred as a result of working on the Internship, unless the Internship Employer or Site has purchased workers compensation coverage on my behalf. I acknowledge that I have been advised to purchase medical insurance, and have been provided with information about the insurance options available to me (<http://www.washington.edu/ship/affordable-care/>). I acknowledge that I have been advised to discuss this activity with my medical provider regarding potential counter indications or interactions with medications or treatments I am currently receiving, and will provide the Internship Employer or Site with written information regarding medical conditions about which emergency medical personnel should be informed.

### Signature Date

### Print Name

**3. GENERAL INFORMATION**

* To request disability accommodations for this program, please contact Disability Resources for Students at least 30 days in advance of the class by calling (206) 543-8924 (voice and relay) or (206) 616-8379 (FAX).
* Immunizations and medical care may be obtained through Hall Health (206) 685-1011 or your primary care physician.