

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in a Politics and Government Professional Practice internship, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Board of Trustees of Illinois State University, its officers, employees, agents and assigns from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in any such internship.

Assumption of Risks: Participation in a Politics and Government Professional Practice internship carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but range from 1) minor injuries such as bruises and sprains to 2) major injuries such as pulled muscles, broken bones, and fractures to 3) risks associated with travel and 4) other unforeseen risks.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in participating in a Politics and Government Professional Practice internship. I hereby assert that I knowingly assume all risks.

Indemnification and Hold Harmless: I also agree to indemnify and hold harmless the Board of Trustees of Illinois State University from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in my Politics and Government internship.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signed _____
Printed Name _____
Date _____

Witness _____
Printed Name _____
Date _____