



Assumption of Risk and Waiver

In consideration of being permitted to participate in: **projects, research, and internships supported and/or funded by Clark University.**

I hereby acknowledge that I have voluntarily and freely elected to participate in projects and internships. I understand and agree that Clark University and/or its representatives assume no liability in the event of accident or illness, nor for damage or injury to person or property of any nature whatsoever from my participation in this Program. Clark University shall not be responsible to any person for my acts or omissions.

I acknowledge that I am aware of the possible risks, dangers, and hazards associated with my participation in the Program, including the possible risk of severe or fatal injury to myself or others. In participating in this Program, I voluntarily and freely assume all risk of accident, injury, or illness and damage to/loss of property. These risks include but are not limited to the following:

1. the risks associated with travel to and from location(s) to be visited during the Program, including transportation provided by commercial, private and/or public motor vehicles
2. the possibility of bodily injury including broken bones, soft tissue damage, emotional distress, and even death incurred while transporting to, or participating in the Program
3. the risks associated with returning to my residence after the Program

I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Clark University, its trustees, officers, employees, students, and agents and indemnify them from liability for any and all claims resulting from personal injury, accidents or illnesses (including death), and property damage or destruction arising from, but not limited to, participation in the Program including injuries sustained as a result of the negligence of the University.

I understand that Clark University encourages students to check their personal liability insurance and medical coverage to make sure they are covered for any programs and activities they participate in.

I also understand that while participating in this program or activity, I will conduct myself in accordance with Clark's Code of General Conduct as referenced in the Student Handbook.

Please sign or type your name below indicating that you agree to abide by the above statements, and submit with your application.

Student Name: _____

Student Signature: _____