



Internship Program: COVID-19 ADDENDUM

Assumption of Risk – Informed Consent – And Release of Liability

READ CAREFULLY -- BY SIGNING THIS CONSENT AND ACKNOWLEDGMENT OF RISKS YOU ARE RELEASING THE EVERGREEN STATE COLLEGE FROM ALL LIABILITY ARISING FROM OR IN CONNECTION WITH YOUR VOLUNTARY PARTICIPATION IN YOUR INTERNSHIP DURING THE COVID-19 PANDEMIC – THIS FORM MUST BE RETURNED BEFORE THE QUARTER AND INTERNSHIP BEGINS IN ORDER TO PARTICIPATE IN THE INTERNSHIP

I acknowledge that The Evergreen State College has informed me of, and recommended that I enroll in, available remote learning program as an alternative to taking this internship. I further acknowledge that I have been informed of the risks of participating in this voluntary internship during the COVID-19 pandemic and that I freely and voluntarily am choosing to participate in an internship at the internship site identified below.

I acknowledge that it is my responsibility to review, remain current on, and comply with, the current restrictions and safety measures imposed by local, state and federal governments as it relates to health and safety measures relating to COVID-19/Corona Virus. I understand that I must adhere to the mandated health and safety requirements and should also adhere to all recommended health and safety precautions and keep up to date on those requirements and precautions as they change. This includes not going to the internship site if I am ill (including, but not limited to, fever, cough, shortness of breath, achiness) and will stay home until I have fully recovered.

I further acknowledge that due to circumstances beyond my control or that of the internship site, or The Evergreen State College, this internship could be disrupted, interrupted, or cancelled mid-session and I accept all responsibility for any and all impacts that may result therefrom. Impacts may include, but are not limited to, **inability to complete the internship and/or earn the credits for which I have enrolled, this could result in loss of financial aid, the requirement that I immediately repay financial aid, impact when I graduate, and/or have other educational or financial impacts that may not be foreseeable.**

I further acknowledge that participation in any internship carries risk of exposure to: COVID-19, a mild to very severe respiratory illness (as described by CDC [here](#)), involuntary hospitalization, medical bills and other financial impacts, inability to complete the internship, shelter in place requirements, business closure, government shutdown, loss of credits due to closure and/or inability to complete internship, loss of financial aid due to inability to complete internship, quarantine, food or medicine shortages, lack of adequate medical care, civil unrest, failure of communication systems, serious bodily injury or death, and other risks that may not be foreseeable.

I hereby release, and hold harmless Evergreen, its trustees, officers, agents and employees from any and all liability, claim, damages and losses arising out of or in connection with my internship experience, including, without limitation, any loss, damage or injury, whether foreseen or unforeseen, or caused in any manner by my participation in my internship program. I also understand that Evergreen is not responsible for the acts or omissions of any third party.

Signature

Date

INSTRUCTIONS FOR RETURNING WAIVER: Return to the Academic Deans Office by attaching a scan or photo of signed waiver to individualstudies@evergreen.edu. Questions? Please contact the Academic Deans Office at 360-867-6810 or deans@evergreen.edu



COVID-19 INTERNSHIP SITE AGREEMENT ADDENDUM

This COVID-19 addendum is a required addition to the Internship Site Agreement and must be completed before Evergreen's student may complete and internship at your site. This addendum must be completed and returned by an authorized party at your site before the student will be allowed to begin an internship with at your site.

Internship Site acknowledges that it has agreed in the Internship Site Agreement that it is responsible to maintain a safe working environment for students and must inform students of risks associated with activities in which the student is participating. COVID-19 presents a risk that is pervasive and there are recognized health and safety precautions that must be taken to manage and stem the spread of the disease.

To the greatest degree possible, the Internship Site commits that it will provide student with remote options to complete the internship.

Consistent with its obligations to provide students with a safe internship site, the Internship Site agrees that it will review, remain current on, and comply with, the current restrictions and safety measures imposed by local, state and federal governments as it relates to health and safety measures relating to COVID-19/Corona Virus. This includes, but is not limited to, adhering to the guidance and directives from the Center for Disease Control, Washington State Department of Health, my local department of health, Occupational Health and Safety Act standards for providing a safe workplace, Governor's Proclamations, and requirements for personal protective equipment, sanitizing work areas, and social distancing.

I agree that the Internship Site will be responsible for its own negligent acts and the negligent acts or omissions of its own agents, officers, or employees, in the performance of this agreement.

Name of Internship Site (print)

Name of Authorized Party at Internship Site (print)

Email

Title

Signature

Date

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