



Internship Program: Assumption Of Risk - Informed Consent - and Release

The Evergreen State College - Olympia, Washington 98505

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

I, acknowledge that I freely and voluntarily agree to participate in an internship, which is conducted off campus at the following internship site(s).

I recognize that there may be unavoidable and unforeseeable risks involved in participation in any internship. I further agree that participation in any activity will be at my own discretion and judgment. I may choose to participate as I wish, however I understand that my participation is conditioned on my consent to the terms of this Consent and Release. I understand that this internship is not a requirement for completing my course of study at The Evergreen State College.

ACKNOWLEDGEMENT OF RISK, WAIVER and RELEASE of LIABILITY

I understand that my participation in an internship may involve risks not found in study at The Evergreen State College. Those risks inherent to my particular internship include, among other things:

[list risks identified by the internship field supervisor here or reference an attached list.]

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. If I drive my own motor vehicle or arrange my own transportation to, during or from the internship program, I am responsible for myself, my own safety and the safety of any passengers.

I also understand that Evergreen is not responsible for the acts or omissions of any third party.

Medical Treatment

I understand that Evergreen does not provide health insurance (except student health insurance if I have elected to participate). I therefore certify that I carry valid and current health insurance that will cover medical services that might be necessary due to accidents, illnesses or injuries I may face while participating in this internship program. I agree that I will not participate in the internship program should I become uninsured.

Standards of Conduct / Discipline

I agree to become informed of and to abide by the policies and standards of the organization for which I will be working. I acknowledge that as a student at Evergreen I also remain subject to Evergreen's disciplinary processes for my conduct during an internship.

It is my express intent that this Acknowledgement of Risk, Waiver and Release shall bind the members of my family, my heirs and assigns. This agreement shall be construed in accordance with the laws of the State of Washington. I am 18 years of age or older and am legally competent to sign this acknowledgment and release.

Prehmus, Sylvia

A00438275

Name

ID

April 11, 2023

Signature

Date

INSTRUCTIONS FOR RETURNING WAIVER: Deliver your signed waiver to your Graduate Program Director. Questions? Contact your graduate program: MPA (360.867.6554) MES (360.867.6225).



Internship Site Agreement

The Evergreen State College - Olympia, Washington 98505

In order for Evergreen students to complete an internship at your site we require that there be an institutional agreement between your internship site and The Evergreen State College. If you or your site have not already done so in the last year, please complete and have an authorized party at your site sign and return the following agreement to the Evergreen State College. **This agreement is NOT required for internships sponsored by any official governmental agency of the State of Washington.**

Internship Site Agreement

In placing students from The Evergreen State College in internships, the Internship Site agrees to:

- maintain a safe working environment and inform students of particular risks related to different activities so that students can knowledgeably agree to participate.
- comply with federal and state laws regarding nondiscrimination and sexual harassment in the work place.
- follow Labor and Industries requirements regarding fair labor standards, particularly as they relate to paid and unpaid internships.

In addition each party to this Agreement agrees that:

- they will be responsible for their own negligent acts and the negligent acts or omissions of its own employees, officers, or agents in the performance of this Agreement. No party will be considered the agent of the other and neither party assumes any responsibility to the other party for the consequences of any act or omission of any person, firm, or corporation not a party to this Agreement

Name of Internship Site (please print)

Name of Authorized Party at Internship Site (please print)

Email

Title

Signature

Date

INSTRUCTIONS FOR RETURNING SITE AGREEMENT TO EVERGREEN: Field Supervisors must return the signed Internship Site Agreement to the Academic Deans Office by fax: 360.867-6794 or by scanned attachment sent to individualstudies@evergreen.edu or by student facilitated delivery directly to the Academic Deans Office. Questions? Contact the Academic Deans Office at 360.867.6810.