

Assumption of Risk and Release from Liability

This Assumption of Risk and Release from Liability pertains to activities in the course of an internship undertaken by the student for academic credit through course number INTL-I 498 Internship in International Studies (the “Internship”).

I, _____ (Student) have enrolled in an Internship at _____ in _____ (city, country) (the “Internship site”). A description of my Internship activities is attached to and incorporated into this Assumption of Risk and Release form.

I hereby state the following:

1. My selection and participation in the particular Internship is voluntary and wholly my own.
2. I understand I am to provide my own transportation to and from the Internship site. I understand that there are certain inherent risks in travel to and from the Internship site and in participating in the Internship, and I fully accept those risks. These risks may include, but are not limited to, such things as air or traffic accidents and any resulting personal injury (including death) or property damage suffered by myself or a third party, traffic tickets, fines, penalties, flat tires, pilot or driver error (including my own), other incidents related to transportation, adverse weather conditions, criminal activity, illness, loss, damage or theft of personal property, and other mental, physical or emotional injury, including the risk of catastrophic injury or death. I also understand that there may be other risks not known or reasonably foreseeable.
3. I understand and agree that the University does not provide insurance to cover medical expenses for injuries that may be sustained by me or for damage to my personal property or third parties, nor does it provide travel or vehicle insurance of any type that would cover injury to or death of myself or any third party or damage to the property of myself or of any third party. I understand that the University strongly recommends that I carry my own health, medical and property insurance for purposes of potential loss related to my participation in this Internship.
4. I also understand that if I am traveling overseas it is my responsibility to obtain and maintain supplementary overseas health insurance coverage (including emergency evacuation and repatriation insurance).
5. I understand that the University provides no orientation for the Internship, that U.S. cultural values and norms may not apply in the host country, and it is my responsibility to educate myself on the host country’s cultural values and norms.
6. I understand that it is my responsibility to familiarize myself with the services available in the host country, including but not limited to police, hospitals, and local U.S. embassies, as well as the local practices for dealing with emergencies.

7. I agree that I will abide by any rules and regulations imposed by the Internship site or program, in addition to any course or University rules or policies applicable to INTL-I 498.
8. I fully understand that all Indiana University policies and regulations, including those embodied in the Code of Student Rights, Responsibilities and Conduct, are in effect and apply to my behavior for the entire duration of the Internship and that any violations of these policies or regulations may result in sanctions.
9. I understand that it is my responsibility to obey host country laws and that the University cannot ensure that U.S. standards of due process apply in overseas legal proceedings or provide or pay for legal representation.
10. I fully understand the scope of risks outlined above and I release and fully discharge the University and its trustees, officers, employees, and agents, from all claims, damages, costs, or liabilities of any kind whatsoever in connection with my participation in the Internship, for or on account of any injury, illness or death, or for or on account of any loss or damage to any of property, sustained by myself or any third party.

Participant Signature: _____ Date: _____

Printed Name: _____

If Participant is under 18 years old, then his/her parent or guardian must sign below.

Parent/Guardian Signature: _____

Printed Name: _____