



HOLD HARMLESS, VOLUNTARY WAIVER, & ASSUMPTION OF RISKS FORM | FOR CADS 4930 AMDP INTERNSHIP



EVENT INFORMATION

Event: CADS 4930 AMDP Internship Internship Dates: _____ to _____ Time(s): _____
Begin Date End Date (e.g., M-F 8am to 5pm)

Location: _____
(Required Information – Internship Company Name, Street Address, City, State, and Zip)

PARTICIPANT INFORMATION

Name: _____ Date of Birth: _____ Gender: M F

Address: _____

City: _____ State: _____ Zip: _____ Cell #: _____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS COMPLETED AND SIGNED FORM MUST BE SUBMITTED BEFORE ANY PERSON IS ALLOWED TO PARTICIPATE IN THE ABOVE EVENT.

I, the undersigned, wish to voluntarily participate in the above referenced event (hereafter "Event") on the dates and times as indicated above and, in consideration of the mutual covenants and conditions contained in this Agreement, I hereby agree as follows:

I acknowledge, understand, and appreciate that as part of my participation in this Event there are dangers, hazards, and inherent risks to which I may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. The dangers, hazards and risks may arise from my own actions, inactions, or negligence as well as from the actions, inactions or negligence of others, or the condition of the premises. I also acknowledge and understand that there may be other dangers, hazards or risks not presently known or reasonably foreseeable. Participation in the Event includes travel to and from the Event. **Therefore, I voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating, and traveling to or from this Event.**

I acknowledge that specialized experience and skills may be necessary to participate in this Event and I confirm that I possess such experience and skills. I understand and agree to follow all safety precautions required for participation.

I hereby release Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees, and agents (hereafter "Auburn") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury that I may suffer while training, preparing, participating, and/or traveling to or from the Event. This agreement is binding on my heirs and assigns.

I furthermore release, indemnify and hold harmless Auburn from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that I may suffer, for which I may be liable to any other person, that may or does arise out of my participation in the Event. I understand that Auburn accepts no responsibility for my personal property.

In the event of an accident or serious illness, I hereby authorize representatives of Auburn to obtain medical treatment for me and on my behalf. I hereby hold harmless and agree to indemnify Auburn from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I understand that Auburn does not provide any medical, dental or life insurance to cover bodily injury, illness, or death; nor insurance for personal property damage or loss; nor insurance for liability arising out of my negligent acts or omissions; and I acknowledge that I am completely responsible for my own insurance or financial resources to cover expenses related to these things.

This Agreement shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this Agreement, or arising out of any injury, death, damage, or loss as a result of my participation in any part of the Event, shall be brought only in Lee County, Alabama.

I, the undersigned, have been given ample time to read and understand this Agreement, and fully accept its contents and conditions and agree to them by signing this Agreement voluntarily. I understand that I am giving up substantial rights (including my right to sue), acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns. The information I have provided is disclosed accurately and truthfully.

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR PARTICIPANTS UNDER THE AGE OF 19

Participant Name: _____ Parent Name: _____

Participant Signature: _____ Parent Signature: _____

Date: _____ Date: _____