



Elkhart Area Career Center
 2424 California Rd.
 Elkhart, IN 46514
 574-262-5650 Option #2

Work Based Learning Release of Liability

Student Name:	Partner School:
Course/Program Area:	
Internship Assignment:	

Waiver & Release of Liability

I understand and acknowledge that participation in the above-referenced internship involves risk of serious illness, injury, including permanent disability and death. I represent that I am qualified, in good health and proper physical condition to participate in the internship. In consideration of my participation in the internship in conjunction with Elkhart Area Career Center, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that Elkhart Area Career Center and its insurers, employees, instructors, officers, directors, and associates, shall not be liable for any damages arising from personal illness, injuries (including death) sustained by me, or my guest in, on, or about the premises, or as a result of my participation in the internship, regardless of whether such injuries result, in whole or in part, from the negligence of Elkhart Area Career Center.

By the execution of this agreement, I accept and assume full responsibility for any and all illnesses, injuries, damages (both economic and non-economic), and losses of any type, which may occur to me or my guest, and I hereby fully and forever release and discharge Elkhart Area Career Center, its insurers, instructors, employees, board members, directors, representatives, agents and associates (the "Releasees"), from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out my participation in the above-referenced internship. This release expressly includes a waiver of any subrogation rights that any insurer of mine may otherwise possess.

I agree to indemnify and hold Releasees harmless against any and all claims, demands, damages, rights of action, or causes of action, including legal fees, costs and expenses incurred in defending such claims, including subrogation, of any person or entity, that may arise from injuries or damages sustained by me or my guest caused by or contributed to by my participation in the internship.

I agree to be solely responsible for the health, safety and well-being of myself. If I believe the internship or surrounding facilities are unsafe, I will immediately discontinue participation and notify Elkhart Area Career Center. I agree to comply with all rules imposed by Elkhart Area Career Center regarding participation in the internship. I agree to conduct myself in a controlled and reasonable manner at all times. I understand and agree that Elkhart Area Career Center is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

By allowing your son/daughter to participate in this internship, you are accepting the risk of contracting an illness or an accident occurring, and agree that this internship, as described above and which you agree is sufficient notice, is suitable for your child.

I give my son/daughter/dependent permission to participate in the internship as described above.

 Printed Name of Parent/Guardian

 DATE

 Signature of Parent/Guardian

 EMERGENCY PHONE CONTACT

As a student participating in this internship, I understand that it is my responsibility to act safely and responsibly. This includes following safety procedures and all directions given to me and wearing proper clothing/gear.

 Signature of Student

 DATE