

**GEORGE MASON UNIVERSITY INTERNSHIP/EXTERNSHIP/PRACTICUM
STUDENT PARTICIPATION CONSENT AGREEMENT**

This Agreement is designed to protect all participants in George Mason University’s internship/externship/practicum programs (“**Internship Program**”), including but not limited to, students, faculty, staff, George Mason University and the agencies and individuals cooperating with the University. The student must sign this Agreement, with parental or guardian approval if the student is under the age of 18, to indicate agreement with the terms and conditions of the Agreement and permission to participate in the designated Program.

Name: _____ **Student ID:** _____

Undergraduate/Graduate/Law School: School of Sport, Recreation, and Tourism Management

I understand that participation in any Internship Program involves some element of risk, including but not limited to, property damage or loss, personal injury, bodily injury, and death. I agree that in consideration of the opportunity afforded to me to participate in the Internship Program, I (including my parents, guardians, and legal representatives) do hereby release, indemnify, and hold harmless the Commonwealth of Virginia, George Mason University, and their employees, agents, successors, and assigns (collectively referred to as the “University”) from liability for any and all claims, demands rights or causes of action, present or future, resulting from, arising out of, or related to in any way, my participation in the Internship Program. I understand that this Agreement discharges the University from any liability or claim that I may have against the University with respect to any bodily injury, personal injury, illness, death, property loss, or property damage that may result from my participation in the Internship Program. I understand and acknowledge that potential risks to my health and personal property may be associated with my participation in the Internship Program and recognize that the University cannot guarantee my safety, however, I am voluntarily assuming those risks.

I understand that as a condition of my participation in the Internship Program, I am required to have health insurance coverage. I further understand that it is my responsibility to obtain, maintain and pay for such insurance while participating in the Internship Program, and any failure to do so may result in disciplinary action, including but not limited to, loss of academic credit, suspension or permanent dismissal. By signing below, I am certifying that I have obtained such required insurance. In addition, regardless of my insurance coverage, I understand that I am financially responsible for any and all medical treatment related expenses that I may incur while participating in the Internship Program.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW.

Signature of Participant

Date

Printed Name of Participant

Semester/Academic Year

Signature of Parent or Guardian
(if Student is under the age of 18)