

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

READ THIS WAIVER AND RELEASE OF LIABILITY BEFORE YOU SIGN IT. IT AFFECTS YOUR LEGAL RIGHTS.

I, _____ [print student’s name], agree to act in a responsible and safe manner when I participate in the _____ [insert internship/practicum]. I understand that my participation is voluntary, and I may be exposed to risks and hazards that could result in serious illness, bodily injury, disability, or death. These risks and hazards may include, but are not limited to: (i) vehicular, pedestrian, or other accidents, (ii) storms, floods, fires, earthquakes, and other natural disasters, (iii) infectious diseases or viruses, including but not limited to COVID-19, (iv) limited or inadequate medical care, (v) different standards of design, safety, and maintenance of buildings and public places, (vi) terrorist activities, and (vii) allergic reactions to food, insects, or other allergens. I acknowledge and agree that the University of Mississippi (including its faculty, employees, and representatives) and the Mississippi Board of Trustees for State Institutions of Higher Learning (collectively “UM”) cannot forecast or foresee all potential risk.

I knowingly and voluntarily assume all risks associated with my participation in the _____ [insert internship/practicum], including any related travel to and from any internship/practicum destination, events, or activities. I knowingly and voluntarily waive and release UM from all present and future claims of any type for any harm or loss, including economic loss, personal injury, death, or property damage suffered by me and arising out of my internship/practicum. I agree to indemnify, hold harmless, and covenant not to sue UM for any damages, personal injury, death, medical expenses, disability, lost wages, loss of capacity, property damage, court costs, attorney’s fees, or any other loss of any kind. I acknowledge and agree that: (i) this WAIVER AND RELEASE OF LIABILITY is intended to be as broad and inclusive as authorized under law, and (2) if any part of this WAIVER AND RELEASE OF LIABILITY is deemed by a court to be invalid, the remaining provisions of the WAIVER AND RELEASE will continue in full force and effect.

I am aware of no health condition that precludes or restricts my participation and/or travel. I understand that UM does not provide medical or accident insurance for me and has advised me to obtain insurance. If the circumstance presents, I authorize UM to seek emergency medical, rescue, or evacuation services for me should I become injured, ill, or incapacitated and lack the ability to make such decisions for myself. I understand that I am financially responsible for any medical or other expenses incurred because of my illness, injury, or incapacitation. I agree to reimburse UM for any such expenses incurred on my behalf. I further agree to release, hold harmless, and covenant not to sue UM for any damages, injury, loss, expenses, disability, or death arising out of any emergency medical, rescue, or evacuation services that I receive.

____ I certify that I am at least eighteen (18) years old. I have read and understand this ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY and agree to its terms. I further understand that this ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY shall be legally binding upon me, my family, estate, representatives, heirs or assigns.

____ I am under eighteen (18) years old. I understand that my parent or legal guardian must consent to and execute this WAIVER AND RELEASE OF LIABILITY on my behalf.

Student’s Name _____ Date _____

Signature _____ Date of Birth _____ Student ID# _____

Local Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

The student's parent or legal guardian must complete and sign this WAIVER AND RELEASE OF LIABILITY if the student is not eighteen (18) years old.

I certify that I am _____'s [print student's name] parent or legal guardian. I have read, understand and agree with the terms of this WAIVER AND RELEASE OF LIABILITY and execute it on the student's behalf. I further understand that this WAIVER AND RELEASE OF LIABILITY shall be legally binding upon the student, me and our family, estates, representatives, heirs, or assigns.

Parent or Guardian Name _____ Date _____

Signature _____ Date of Birth _____ Student ID# _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____