

**WRIGHT STATE UNIVERSITY
INFORMED CONSENT, VOLUNTARY WAIVER, RELEASE OF LIABILITY,
AND ASSUMPTION OF RISKS AGREEMENT
INTERNSHIP: CORRECTIONS AND FAMILY, SOC 3000**

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED AGREEMENT MUST BE SUBMITTED BEFORE ANY STUDENT IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED COURSE.

I, _____, the undersigned, in order to participate in the Course described above do hereby state and agree as follows:

1. In consideration of permission being granted to me to participate in the above described course at Wright State University, I am entering into this Informed Consent, Voluntary Waiver, Release of Liability, and Assumption of Risks Agreement which relieves Wright State University, its Board of Trustees, administrators, officers, directors, employees, volunteers and agents from any and all liability as to any right of action that may accrue to me, my heirs or representatives for any injury to me or loss that I may suffer while training, preparing, participating in and/or traveling to or from the Course. This agreement is binding on my heirs and assigns.
2. I certify that I am in suitable health and capacity which allows my enrollment or participation in this Course. I acknowledge, understand and appreciate that as part of my participation in the Course, there are dangers, hazards and inherent risks to which I may be exposed that cannot be eliminated or reduced, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Course, which involves supervised field experience in corrections and family agencies (probation, parole, jail, juvenile, adult, and aging), including interaction with employees and clients of the host agency, and travel to and from the host agency site, may involve risks and dangers, both known and unknown, and I have chosen to participate in the above Course. Therefore, I accept and assume all dangers and associated risks that may be associated with this Course.
3. I agree to waive any and all claims that I may have against Wright State University, its Board of Trustees, administrators, officers, directors, employees, volunteers and agents, and the State of Ohio (hereinafter referred to as the Releasees) of and from any and all liability claims or demands for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred while participating in the above referenced Course. I further agree to release, indemnify and hold harmless the Releasees from any loss, liability, damage, or cost, including reasonable attorney fees, that may occur due to my participation in the above referenced agreement, including but not limited to loss, liability, damage, or cost incurred while traveling to or from the host agency location, whether or not such loss, liability, damage,

or cost results from the negligence or other action, except intentional acts, of any of the Releasees or any third party.

4. I agree to abide by Wright State University policies and procedures, including the Code of Student Conduct, as well as local, state and federal laws while participating in the Course.
5. I hereby certify to Wright State University that I have no known medical problems or conditions that would prevent me from participating in the Course. In the event of an accident or serious illness, I hereby authorize representatives of Wright State University to obtain medical treatment on my behalf. I hereby agree to release, hold harmless and Wright State University from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I acknowledge that Wright State University does not provide health and accident coverage to Course participants and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries that may occur during my participation in the Course.
6. I acknowledge that Wright State University has the right to make any alterations, deletions or modifications in the academic program as deemed necessary by the University or by the Course instructor(s) as agents of the University.
7. This agreement shall be governed by and construed under Ohio law.

I have carefully read this agreement and fully understand its contents. I am aware that the agreement contains a waiver of liability, an assumption of risk, and an agreement by me to release and indemnify the Releasees, and I sign it of my own free will and volition.

Participant Printed Name _____

Participant Signature _____ Date _____