

STUDENT MUST BE 18 YEARS OF AGE OR OLDER TO SIGN

**RELEASE OF LIABILITY FOR ACADEMIC-CREDIT EDUCATION INTERNSHIPS**

(PLEASE READ CAREFULLY BEFORE SIGNING)

I, \_\_\_\_\_, a student enrolled at Southern Methodist University ("SMU"), hereby acknowledge that I freely and voluntarily choose to participate in an education internship for which I will receive academic credit, arranged through Dedman College ("Internship"). The Internship I have chosen will take place during the 20\_\_-20\_\_ academic year at the following site: \_\_\_\_\_. I understand and agree that participation in the Internship is completely voluntary and that the Internship is an activity for which SMU cannot exercise control, nor provide the same protections as it does in an on-campus setting. I also understand that the Internship is provided to enhance my educational experience in ways not available through study solely on the SMU campus. I agree that my participation in the Internship is entirely voluntary and that I am under no obligation to take part in the Internship or participate in its accompanying activities. In consideration for SMU's arranging the Internship and enhancing my educational experience, I hereby execute this Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns and legal representatives. I further state that I have fully read this Release and that I am at least 18 years of age and competent to sign this affirmation and Release.

I understand and agree that I must provide my own transportation for the Internship. I also understand that if I provide my own automobile transportation for the Internship, I must provide automobile collision and liability insurance, at my expense, and that such transportation will not be covered by any insurance policy owned by SMU.

I fully understand and agree that certain elements of the Internship are physically and emotionally demanding and that by my participation in the Internship, I face risks of accidental and/or other injury. These risks include, but are not limited to, (1) loss or damage to personal property; (2) injury or fatality due to, and/or related to, (a) travel to, from, and/or during the Internship, (b) the condition of facilities, which are not under the control and maintenance of SMU, (c) exposure to inclement weather, outdoor terrain, and all the risks inherent therein, (d) slips and falls, and (e) any and all other aspects and stress related to the Internship, including interaction with Internship personnel who are not employees of SMU, among others. I am fully aware that I may suffer these or other injuries arising out of my participation in the Internship and I voluntarily choose to assume these risks and participate in the Internship.

I have fully investigated the nature of the Internship, including whether participants will be subjected to physical and/or emotional stresses, and assume the risks of my participation in the Internship. I agree to advise the Internship coordinator at any point when I question my ability to participate in any activity of the Internship. I further acknowledge that I have asked for and have received reasonable accommodations for any disability I may have brought to the attention of the Internship coordinator, having first presented valid certification of my disability to SMU's Coordinator of Services for Students with Disabilities.

**I EXPRESSLY AGREE AND INTEND THAT MY PARTICIPATION IN THE INTERNSHIP SHALL BE UNDERTAKEN BY ME AT MY OWN RISK AND THAT NEITHER SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY PARTICIPATION IN THE INTERNSHIP, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON MY PART OR ON THE PART OF SMU OR ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS, AND I DO HEREBY FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND WILL DEFEND SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION.**

The terms of this Release of Liability are to be governed by and construed under the laws of the State of Texas. In the event any term or provision of this Release of Liability is found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Release of Liability shall remain in full force and effect. I agree that exclusive venue for any dispute arising between SMU and me involving this Release of Liability in any way shall be in Dallas County, Texas.

ACCEPTED AND AGREED:

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Address / City / State / Zip Code