

**GEORGE MASON UNIVERSITY
INTERSHIP/EXTERNSHIP/PRACTICUM/VOLUNTEER PROGRAM/FIELD TRIP
STUDENT PARTICIPATION CONSENT AGREEMENT**

This Agreement is designed to protect all participants in George Mason University's experiential learning program ("ELP") (i.e. internships/externships/practicums/volunteer programs/field trips), including without limitation, 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 ELP.

Name: _____ **Student ID:** _____

College/School _____

Course Name _____ **Course Number:** _____

I understand that participation in any ELP involves some element of risk, including, without limitation, 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 ELP, 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 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 ELP. 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 ELP. I understand and acknowledge that potential risks to my health and personal property may be associated with my participation in the ELP and recognize that the University cannot guarantee my safety, however, I am voluntarily assuming those risks.

I understand that I will not receive any compensation (e.g. salary or wage) for my participation in the ELP or from the Site, and that I am not an employee of Site. I also understand that my participation in the ELP does not entitle me to a paid job with Site at the conclusion of the ELP.

I understand that as a condition of my participation in the ELP, 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 ELP, and any failure to do so may result in disciplinary action, including without limitation, 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 ELP.

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