NORTHERN MICHIGAN UNIVERSITY

Informed Consent & Release for Work Experience

I have been informed and fully realize there are dangers and risks to which I may be exposed while participating in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. These risks may include the possibility of slight or severe bodily injury, or death, from hazards including but not limited to slips or falls, traffic or other travel accidents, or other damage to my person, delay or inconvenience, and/or damage to my property while participating in this field experience.

I, therefore, freely and voluntarily agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. I release Northern Michigan University, its Board of Trustees, employees, and agents from all liability, claims, and actions that may arise from injury or harm to me, from my death, or from damage to my property in connection with this activity. I understand that this Informed Consent & Release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of Northern Michigan University or any of its trustees, employees or agents, including but not limited to negligence, mistake, or failure to supervise. I understand that this Informed Consent & Release does not apply to instances of intentional misconduct.

I know that if I become ill or injured while participating in this activity, I am responsible for my health care expenses and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods.

I assume full responsibility for any and all claims and costs arising directly or indirectly from any of my activities, acts, or omissions while participating in this activity.

I further release Northern Michigan University, its Board of Trustees, employees or agents from liability for any claim of loss, injury, or damage to me or my property due to any act, omission, or negligence of parties not an agent or employee of Northern Michigan University, including, but not limited to, owners or contractors providing accommodations or other services.

These releases are effective for me, my personal representative, assigns, and heirs.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS, AND VOLUNTARILY SIGN THIS RELEASE.

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| See internal procedures for this document in Work Experiences Guidelines  Copies: Retain original in departmental Director file; distribute copy to signee  Template last updated: January 2013 |