



Houghton University Off-Campus Internships

RISK, LIABILITY, RESPONSIBILITY AND PARTICIPATION AGREEMENT

I, _____, hereby acknowledge that participation is voluntary in the
Name

internship for which I am applying during _____ at the following location:
Term Year

Internship Site City, State, Country

I understand that Houghton University affirms, to the best of its judgment, the experience is an appropriate curricular option in a liberal arts program of study and worthy of Houghton University credit, makes no assurances, expressed or implied, about any travel and living arrangements I have made. In order to participate in the proposed internship, I agree to each of the following:

I. Risks and Liability:

1. Risk. I understand that there are certain dangers, hazards, and risks inherent in off-campus studies and the activities included in this program for which Houghton University cannot and does not assume responsibility. Accordingly, I voluntarily assume all risk, known and unknown, in any way connected with my participation in this off-campus internship program.
2. Identification of Risks. I understand that risks involved in off-campus study include but are not limited to:
 - a. Health: The possibility of illness, injury, disability, or death.
 - b. Travel: The possibility of monetary loss or additional expenses due to lost, stolen or damaged property, and unexpected or undesired changes in scheduling.
3. Waiver and Release. I hereby waive, release and forever discharge and hold harmless Houghton University and its trustees, officers, sponsors, employees, agents, volunteers, successors, and assigns, from any and all claims, demands, damages, actions, or causes of action for any injury, disability, loss, or damage (including death) in any way connected with my participation in this off-campus internship program.
4. Personal Liability. I agree that in the event that I am involved in any liability, injury, loss or damage to persons or personal property of others, I am solely responsible for such loss. I will have access to the necessary funds or insurance to cover the expenses. I will not hold Houghton University or its directors, officers, sponsors, employees, agents, volunteers, successors, and assigns responsible for such claims in any way connected with or arising out of my participation in this off-campus internship program.

II. Health Care. I have taken measures to care for any previously known medical needs, recognizing that treatment and/or medications may not be available on site. I have researched the coverage provided by my health care plan, am aware of the extent and nature of the medical coverage available in and around the location of my internship, and assume full responsibility for such knowledge.

III. Participation Expectations:

1. Behavioral Guidelines. I understand that as a representative of Jesus Christ and of Houghton University my conduct impacts both this learning community and relationships with the community in which the internship will take place. I agree to abide by the Houghton University "Vision of Our Common Life" document (available on the University website) and any additional stated guidelines for proper and safe participation in the internship. In consultation with the internship faculty member of record, the internship coordinator and/or The Office of Vocation and Calling, the Provost and the Vice President for Student Life shall be entitled to take prompt unilateral action that could lead to my dismissal from the Program that might otherwise, pursuant to Houghton University policy, require action by committee following a hearing.

2. Legal Issues. I acknowledge, understand, and agree that should I have or develop legal problems with any person or organization because of my individual actions, I will attend to the matter personally and agree that Houghton University is not required to intervene on my behalf and is in no way liable from any judgements or other legal administrative decisions.
3. Expenses: I recognize that Houghton University and/or the organization hosting my internship endeavor to adequately estimate the costs of participation in it. However, additional expenses may be incurred due to an emergency, unforeseen events, or personal losses or choices. I agree to have access to additional funds to assure program completion and return home.
4. Confidentiality: I understand that Houghton University will endeavor to maintain reasonable confidentiality pertaining to personal matters while on this program. However, I grant permission to Houghton University to use any image or sound recordings of my person taken while participating in this internship and any written statements that I may make concerning the program in Campus publications, advertising and promotional materials.
5. Early Termination of Participation. I understand and agree that should I choose to leave the internship early, or am required to leave the program early; that all loss and costs thus incurred, including cost of travel, will be at my expense; and that I will not be eligible for any refunds.

I acknowledge that

1. If any single provision of this agreement is determined to be invalid or unenforceable, the remainder of this agreement shall continue to be in effect.
2. Because Houghton University is headquartered in Houghton, NY, and in order to provide certainty in the law to be applied to the construction of this agreement, this agreement shall be governed, construed, and enforced in accordance with the laws of the State of New York.
3. This waiver is binding on my personal representatives, heirs and assigns.

I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University e (c) and assuming all risks of participating in the internship, including travel to, from, and during the internship.

I affirm that on the date I signed this agreement (check one):

- I am at least 18 years of age (Parental signature required if student is under 18.)
- I am under the age of 21

Printed Name	Student Signature (Required)	Date
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As parent or legal guardian of the above-named individual, I verify that I fully understand, agree to, and accept all provisions of this document.

Printed Name (parent/guardian)	Signature (parent/guardian)	Date
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Return the signed copy of this form to the Office of Vocation and Calling
 Chamberlain Center, One Willard Avenue, Houghton NY 14744
 voca@houghton.edu
 Fax: 585-567-9625