

CAUTION: READ BEFORE SIGNING

**FULL RELEASE, PROMISE NOT TO SUE OBERLIN COLLEGE AND ITS REPRESENTATIVES
FOR NEGLIGENCE, AND PROMISE TO INDEMNIFY OBERLIN COLLEGE AND ITS
REPRESENTATIVES**

In consideration of _____ (the "Participant"), being permitted to
participate in any way in the Internship Program administered by Oberlin College ("the Program"), I,
_____, the undersigned, for myself, my heirs, personal representatives and assigns,
(*person executing this document*)

- A. Acknowledge that participation in the Program involves travel to and from the Program.
- B. (1) Release, Waiver, and Discharge Oberlin College and its board members, trustees, faculty, instructors, agents, advisors, employees, affiliates, members, volunteers, staff, representatives, attorneys and officers (collectively, the "Releasees") from -- and (2) Covenant Not To Sue Releasees in connection with -- any and all claims (including, not by way of limitation, any claims arising from negligence of Releasees or any of them resulting in personal injury, accidents or illnesses (including death) and /or property loss) arising from or relating in any way to participation in the Program and/or travel before, during or after the Program.
- C. Acknowledge that participation in the Program carries with it certain inherent risks that cannot be eliminated, regardless of the care taken to avoid injury.
- D. (1) Assume and accept all risks arising out of, associated with, or related to my participation in the Program, even though such risks may have been caused by the negligence of the Releasees; (2) understand that, because of the volume and breadth of opportunities offered through the Program, Oberlin College cannot vouch for the accuracy of any particular internship description, company information, or academic value of the experience, and I am therefore solely responsible for evaluating whether I can achieve my academic goals through the Program and researching the safety of my particular internship; and (3) understand that I am solely responsible for identifying housing for myself during the Program, for which Oberlin College serves merely as a clearinghouse and of which Oberlin College cannot vouch for safety or quality.
- E. Certify that (1) I am responsible for making any medical and psychological needs known in a timely manner before the beginning of the Project; (2) I am responsible for requesting any reasonable accommodations related to a disability in a reasonable time frame prior to the beginning of the Project; (3) I understand that, in case of medical emergency, if I am a minor, reasonable effort will be made, if feasible, to contact the parent or guardian signing below and, in the event the parent or guardian signing below cannot be reached, permission is hereby given to the physician on site to do what is medically necessary for me, if and as needed; (4) I have provided in the attached form any and all address(es) and phone number(s) where I can be reached during the Project.
- F. Agree to indemnify, defend, and hold harmless Releasees from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys fees, and to reimburse Releasees for any such expense incurred in connection with or as a result of (1)(a) Participant's participation in the Program or (b) travel associated with the Program or (2) arising in connection with or as a result of any attempt by anyone, including, not by way of limitation, Participant or anyone claiming on Participant's behalf, to avoid the terms of this Full Release, Promise Not to Sue, and Promise to Indemnify.
- G. Understand that all Oberlin College policies and regulations, including those embodied in the Student Regulations, Policies and Procedures, are in effect and apply to my behavior for the entire duration of the Program, including travel to and from the Program, and that any violation of these policies, regulations, or procedures may result in sanctions.

The undersigned further expressly agrees that (1) this document and/or any action or claim relating to this document and/or the Program shall be governed by the laws of the state of Ohio without regard to the laws of conflict of law thereof; (2) any action or claim relating to this document and/or the Program shall be initiated and maintained in municipal or state court in Lorain County, Ohio or in United States District Court for the Northern District of Ohio; and (3) the foregoing Waiver, Assumption of Risk and Indemnity is intended to be as broad and as inclusive as is permitted by the laws of the State of Ohio and that if any portion thereof is held invalid it is agreed that the balance shall, notwithstanding, continue in full force and effect. I specifically recognize that this waiver, release, and indemnification pertains to, but is not limited to, negligent conduct by the Releasees.

I have read this Full Release, Promise Not to Sue, and Promise to Indemnify, fully understand its terms, and understand that I am giving up substantial rights – including my right to sue. I acknowledge that I may have the opportunity prior to signing this Full Release, Promise Not to Sue, and Promise to Indemnify to have it reviewed by my attorney. I know, understand and appreciate these and other risks that are inherent in the Program. I expressly agree and assert that participation in the Program is voluntary and I knowingly assume all such risks and elect to proceed with the participation despite all the risks. I acknowledge that I am signing this Full Release, Promise Not to Sue, and Promise to Indemnify freely and voluntarily and intend, by my signature, the complete and unconditional release of all liability to the greatest extent allowed by law.

Date: _____

Participant's Age (if minor): _____

Participant's Signature

TO BE READ AND SIGNED BY PARENT/GUARDIAN, IF MINOR:

I hereby represent that I am the parent or guardian of the minor whose name appears above. I have read and consent and agree to the terms and provisions set forth in this Full Release, Promise Not to Sue, and Promise to Indemnify on behalf of myself and said minor.

Date: _____

Parent/Guardian of Minor