STATEMENT OF RESPONSIBILITY AND AUTHORIZATION
RELEASE, AND INDEMNIFICATION AGREEMENT

I, ____________________________, am a student at Centre College (the “College”). I desire
to participate in the College’s internship program for the ___________ term of 20__ (the
“program”). I acknowledge that my participation in the Program is wholly voluntary and I
agree to all the terms and conditions of contained in this document (and those incorporated
within this document), without which agreement the College would not be willing to allow
my participation.

1. **Conduct Agreement.** I acknowledge that I have read and hereby agree to abide by all
the rules of conduct as stated in the Centre Student Handbook. I further acknowledge that
such rules, including those related to drugs and alcohol are applicable to students in Centre-
Sponsored programs off-campus. The College Internship and Outreach Coordinator has
the full authority to act on behalf of the College in enforcing rules and behavior suitable to
making the educational experience worthwhile for all concerned. I am aware that, since I
will be identified with the College and that my behavior reflects back upon the College, I
must behave responsibly. I acknowledge that any disciplinary action taken against me may
include termination of my participation in the Program, in addition to any other actions
provided for in the Student Handbook.

2. **Independent Travel.** I agree that if I engage in travel, I will assume full responsibility
for my own safety.

3. **Changes.** I acknowledge that the College reserves the right to make changes to the
Program at any time and for any reason, with or without notice, and that the College shall
not be liable for any loss whatsoever to participants by reason of such cancellation or
change. I will be responsible for any additional expenses resulting from such changes.

4. **Insurance.** I represent that I am and will be adequately covered throughout the
Program by a policy of comprehensive health and accident insurance, providing coverage
for injuries and illnesses sustained. I have provided the information required on the Health
Insurance Attachment included with this document.

5. **Additional Expenses.** Any unusual expense or obligation incurred by me or on my
behalf by the College or its agents will be paid or reimbursed by me promptly. I
acknowledge that costs for me to be sent home as a result of moral, legal, or disciplinary
problems constitute an unusual expense in this Program.

6. **Release and Indemnification.** READ CAREFULLY—YOU ARE WAIVING
IMPORTANT RIGHTS. I, individually, and on behalf of my heirs, assigns, and personal
representatives, hereby release and forever discharge, and agree to indemnify and hold harmless, the College and its employees, agents, officers, and trustees (individually and in their official capacities) from and against any and all liability whatsoever for any and all damages, losses, or injuries (including death) including but not limited to any claims, demands, judgements, damages, expenses, and costs (including attorney’s fees), which arise as a result of or connected in any manner to my participation in the Program. I further acknowledge that the College will not be responsible or accept liability for the actions of third parties, such as Employer Sponsors, airlines, hotels, or common carriers, which cause me loss, damage, or injury, or for circumstances beyond its reasonable control, such as inclement weather, acts of God, or accidents.

7. Other Acknowledgements. In signing this Statement of Responsibility and Authorization; Release and Indemnification Agreement, I hereby acknowledge that I have read this entire document, that I understand its terms, that I will abide by each of the terms and conditions, that by signing it I am giving up substantial legal rights I might otherwise enjoy, and I have signed it knowingly and voluntarily.

*** Students must sign. Parent or guardian must also sign if the student is under 21 years of age.

_________________________________  ______________________________  ___________________
Signature of student            Printed name               Date

_________________________________  _______________________________   ___________________
Signature or parent or guardian       Printed name                                           Date
Health Insurance Attachment

Health Insurance Carrier

_____________________________________________________
Carrier’s Name

_____________________________________________________
Address

_____________________________________________________
Telephone Number

_____________________________________________________
Policy Number

_____________________________________________________
Student’s Name

Please note: You should check with your insurance carrier concerning your coverage while you’re interning.

☐ If you DO NOT have health insurance, please check this box and complete the STUDENT HEALTH INSURANCE ACKNOWLEDGEMENT AND WAIVER (See Career Services for this form.)