

## Liability Release and Medical Authorization Form for Independently Designed Internships

The undersigned student ("Student") and the Student's parent(s) or legal guardian(s) ("Parents") whose signatures appear below agree to the following:

1. Student has voluntarily chosen to participate in an off-campus program, and understands that such participation is not required by DePauw. Student will abide by all applicable laws of the countries/states to be visited. Student agrees to conform his/her conduct to all rules, regulations, and policies applicable to DePauw students in general, including the Student Handbook, and understands that failure to so conform may result in early termination from the program and being returned to DePauw at Student's expense and without refund of any fees paid.

2. Student and Parents acknowledge that DePauw has not represented that it has superior knowledge of external conditions at the program site(s) and, as a matter of fact, may have none, and that DePauw has not provided guarantees of safety while Student is participating in the program. Student and Parents acknowledge that living and traveling off-campus involves locations which may have health and safety standards substantially below those enjoyed on-campus, and student voluntarily assumes any and all risks of personal injury or property damage, known or unknown, arising out of participation in the program or travel related to the program. If the off-campus program includes international travel, Student acknowledges that he/she should regularly consult with the State Department Consular Information Sheets and Travel Warnings at <http://travel.state.gov/travel/> and the Centers for Disease Control (CDC) at <http://www.cdc.gov/travel/> with regard to their destination country(s) prior to signing this Agreement, as well as prior to departure.

3. In consideration of DePauw authorizing Student to participate in the program and for other good and valuable consideration, Student and Parents hereby release and discharge DePauw, its officers, employees and trustees, and their successors and assigns, from all claims, liabilities, injuries or demands of any nature whatsoever for or an account of any injuries to person, including death, and/or loss to property, arising out of, or in connection with, participation in the program, including all transportation related to the program.

4. Student grants to DePauw, or any of its designated representatives, full authority to take at Student's expense, any action deemed necessary to protect Student's mental or physical health and safety, including but not limited to, placing Student under the care of a doctor or in a hospital or such other appropriate place for medical examination and/or treatment, or returning Student to DePauw. Should the need arise, DePauw is authorized to make available to any health care provider who may during the program provide medical treatment to Student, any and all medical and mental health records, including opinions, reports, notes, x-rays, or any other information or documents in the possession, custody, or control of DePauw. Student hereby waives for such purpose any physician/patient or counselor/patient privilege which Student may have with respect to such information.

### Parent or Legal Guardian

Signature: \_\_\_\_\_

Printed: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date signed: \_\_\_\_\_

### Student

Signature: \_\_\_\_\_

Printed: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Date signed: \_\_\_\_\_

**In case of emergency, notify the following person(s):** \_\_\_\_\_

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Landline phone – area code and phone number

\_\_\_\_\_  
Cell phone – area code and phone number

\_\_\_\_\_  
E-mail

**Center for International & Experiential Education Fax# 765-658-4045 • Office Phone #765-658-4355**  
**Mailing address: Durham House • 309 E. Seminary St. • Greencastle, IN 46135**