



**INTERNSHIP WAIVER AND RELEASE, ASSUMPTION OF RISK,
AND INDEMNIFICATION AGREEMENT**

Participation in internships while a student at Salem Academy and College (“Salem”) may involve substantial risk of bodily injury, property damage, and other dangers. Salem cannot ensure that participation in such programs and activities is free from risk. By signing this Waiver and Release, Assumption of Risk, and Indemnification Agreement, as a Salem student who wishes to voluntarily participate in and receive educational credit for the internship described in this agreement, I assume sole responsibility for any risk to which I may be exposed as a result of and during the internship and release Salem from all related liability.

Waiver and Release. In consideration of Salem facilitating and/or allowing me to participate the following learning-based internship for educational credit (include name of internship provider / internship functions or activities / internship dates): _____

(the “Internship”), on behalf of myself and my personal representatives, executors, administrators, and assigns (collectively, the “Releasing Parties”), **I hereby release, waive, and discharge Salem and its officers, directors, employees, agents, and assigns (collectively, the “Released Parties”) from any and all liability, damages, claims, actions, costs, attorneys’ fees, and expenses of any kind whatsoever that directly or indirectly result from or are in any way related to my participation in the Internship.** On behalf of the Releasing Parties, I acknowledge and agree that the foregoing waiver and release includes, but is not limited to, personal injury, property loss, illness, and death that I may sustain due to my participation in the Internship, whether caused entirely or in part by any act or failure to act by the Released Parties. On behalf of the Releasing Parties, I covenant not to sue the Released Parties for any liability, damages, claims, actions, costs, attorneys’ fees, or expenses released hereunder.

Assumption of Risk. I understand that participation in the Internship is voluntary, subject to the terms and conditions of the internship provider, and includes certain inherent risks that cannot be eliminated. The specific risks vary from one activity to another, but range from minor to catastrophic and may include everything from bruises and sprains to paralysis and death. I agree that I am solely responsible for any costs related to accidents, injuries, illness, and property loss that I may sustain as a result of my participation in the Internship.

Indemnity Agreement. On behalf of the Releasing Parties, I agree to indemnify and hold harmless the Released Parties from and against any and all claims, actions, suits, costs, expenses, damages, liability, defense costs, and attorneys’ fees resulting from my participation in the Internship.

Health Insurance. I agree that I will be covered throughout the Internship by a policy of comprehensive health insurance, which provides coverage for any injuries and illnesses that I may sustain due to my participation in the Internship.

COVID-19 Acknowledgment. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-

to-person contact. As a result, international governments and health agencies recommend social distancing, frequent hand-washing, and the use of masks (collectively, “safe hygiene practices”).

By voluntarily participating in the Internship during the COVID-19 pandemic, I understand and agree as follows:

- I am responsible for following safe hygiene practices and for coordinating with my internship provider to learn about the preventive measures implemented for my Internship to reduce the spread of COVID-19;
- By voluntarily choosing to participate in an in-person internship experience (as applicable), I acknowledge that I am increasing my risk of contracting COVID-19;
- I voluntarily assume the risk that I may be exposed to or infected by COVID-19 from participating in the Internship; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.
- I understand that the risk of becoming exposed to or infected by COVID-19 during my Internship may result from the actions, omissions, or negligence of myself and others;
- **I accept sole responsibility for any COVID-19-related injury, illness, damage, liability, claims, loss, or expenses that I may experience or incur as a result of my participation in the Internship (“COVID-19 Loss”), and I understand and agree that the Waiver and Release, Assumption of Risk, and Indemnification provisions in this agreement apply to and include any COVID-19 Loss.**

Severability. If any portion of this agreement is held to be invalid, it is agreed that the remainder of the agreement shall continue in full force and effect. This agreement shall be construed in accordance with the laws of the State of North Carolina without regard to any conflict of law principles, and the courts embracing Forsyth County, North Carolina shall have exclusive jurisdiction and venue over any actions arising out of this Agreement.

Acknowledgment of Understanding. I acknowledge that I have fully read this agreement and understand and agree to its terms. I understand that I may have an attorney review this document before I sign it. I understand that I am giving up substantial rights, including the right to sue the Released Parties for my participation in the Internship. I am signing this Agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Printed Name of Student Participant

Signature of Student Participant

Date

Printed Name of Witness

Signature of Witness

Date