

**WHEATON COLLEGE - ASSUMPTION OF RISK, WAIVER, AND RELEASE AGREEMENT**

**Activity: Domestic Internship with** \_\_\_\_\_

**Activity Date(s):** \_\_\_\_\_

**Activity Location(s):** \_\_\_\_\_

**Assumption of Risk:** I am voluntarily participating in this Activity. I understand that inherent dangers and risks exist to which I and/or my property may be exposed by participating in the Activity and while traveling to, from, or during the Activity. For student-led Activities, I understand that there may not be Wheaton College supervision, resources, or transportation for this Activity. Specifically, the risks to me of participating in this Activity include but are not limited to: injuries related to physical exertion; injuries related to the use of facilities and equipment; injuries related/incidental to travel and lodging, injuries related to physical surroundings, insects, animals, biological hazards, blood-borne pathogens, other persons, natural disaster or extreme weather, theft or other criminal acts of third parties, and the provision of food, drink, or shelter. I acknowledge that participating in this Activity may result in serious harm to me, including but not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death, and/or damage to my property. **Nonetheless, I assume all risks, both known and unknown to me, of participating in the Activity, including lodging related/incidental to the Activity and travel to, from, and during the Activity.**

**Release of Claims and Indemnification:** In consideration of my participation in this Activity, to the fullest extent permitted by law, **I hereby forever release, indemnify, and hold harmless** Wheaton College, its Trustees, officers, directors, faculty, employees, instructors, consultants, volunteers, agents, representatives, and all others who are involved, **from any and all present and future claims** (including but not limited to expenses for emergency medical treatment and transportation, property damage, attorneys' fees, or any other loss, liability or damage) arising as a result of my participation in the Activity, including travel to, from, and during the Activity, wherever, whenever, or however the same may occur. **I hereby voluntarily waive any and all claims both present and future, that may be made by me, my family, estate, heirs, or assigns, and I relinquish on behalf of myself, and my spouse, heirs, estate and assigns the right to recover for my injury or death.** This release includes, but is not limited to, claims arising out of my own actions or inactions, those of third parties, or those of Wheaton College.

By participating in the Activity, I agree that I will comply with: (1) Wheaton College policies, codes, and rules, including the Community Covenant, (2) rules specific to the Activity and/or Location, and (3) all instructions provided by Activity leaders/supervisors during the Activity. Additionally, I understand that if I have concerns about my health or ability to participate in any aspect of the Activity, it is my sole responsibility to discuss and address these concerns with a physician before deciding to participate.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the Illinois, and I agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in DuPage County, Illinois.

I affirm that I am of legal age and am freely signing this agreement. **I have read this agreement and fully understand that by signing it, I am giving up legal rights** and/or remedies which may be available to me.

**Participant Name:** \_\_\_\_\_ *(print)*

\_\_\_\_\_  
**Signature of Participant** **Date**