

INTERNSHIP WAIVER OF LIABILITY AND ASSUMPTION OF RISK

STUDENTS MUST SUBMIT THIS COMPLETED FORM TO THE PDEC WITH THE INTERNSHIP CONTRACT

I, _____, am a student at the San Francisco Conservatory of Music and plan to under
take an internship during the FALL SPRING 20__ semester, at the following location:

INTERNSHIP SITE

CITY/STATE

The San Francisco Conservatory of Music (SFCM) itself does not control the way in which the internship work experience and the internship site is structured or operates. In granting credit for this internship SFCM affirms that, to the best of its judgement, the experience is an appropriate curricular or co-curricular option for students in any program of study and worthy of SFCM credit, but makes no other assurances, expressed or implied, about any travel arrangements the student has made.

INSURANCE COVERAGE

I have sufficient health, accident, disability, and hospitalization insurance to cover me during my internship; I further understand that I am responsible for the costs of such insurance and for the expenses not covered by this insurance, and I recognize that SFCM does not have an obligation to provide me with such insurance.

I assume full responsibility for any undisclosed physical or emotional circumstance that might impair my ability to complete the experience, and I release SFCM from any liability for injury to myself or damage to or loss of my possessions.

I understand that if I use my personal vehicle for the benefit of the host organization with whom I perform my internship, SFCM has no liability for personal injury or property damage which may result from that use. I agree to rely solely on my personal vehicle insurance coverage and on any insurance coverage provided by my internship host organization.

I understand that I will not be entitled to unemployment compensation benefits upon completion of my internship. Further, I understand that SFCM assumes no liability for personal injury that I may suffer in the course of my internship, and I agree to be responsible for ascertaining whether my internship agency provides Workers Compensation coverage for me.

PERSONAL CONDUCT

I understand the responsibilities and circumstances of an off-campus internship may require a standard of professional decorum. Therefore, I indicate my willingness to adhere to the professional standards of the internship site. I further understand that it is important to the success of the present internship and continuance of further internships that interns observe standards of conduct that would not compromise SFCM in the eyes of individuals and organizations with which it has dealings, and I acknowledge the Director of Professional Development's responsibility for setting rules and interpreting conduct for this purpose. I agree that should the Director of Professional Development decide that I must be terminated from my internship because of conduct that might bring the program into disrepute, or the internship into jeopardy, that decision will be final and may result in the loss of credit.

GENERAL RELEASE

I am aware of a number of potential risks to my personal safety, all of which are beyond the control of SFCM. These risks include, but are not limited to: the absence of telephones or other means of prompt communication in the community where I may travel; long distances that may separate me from emergency and law enforcement services; and other substandard conditions.

I expressly assume the responsibility of educating myself about the risks that I shall be exposed to while in service and I expressly assume all such risks both known and unknown.

I, my heirs, assigns, representatives, executors, or administrator hereby release and promise to hold harmless SFCM, their officers, board members, employees, advisors, agents, or representatives of each organization from any liability that may arise from any bodily or mental harm, injury, loss, or illness (including, but not limited to, death) that may result from my participation in this activity and in all travel to and from the site or prior to my departure or following my return.

SCOPE OF RELEASE

I am signing this Liability Release and Claim Waiver with full knowledge of California Civil Code Section 1542, which reads:

“A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.”

I waive the provisions of this statute and any similar provision of the state or country in which the internship takes place.

I have read the foregoing and sign this as an act of my own free will, without coercion or duress.

SIGNATURE

DATE

WITNESS

DATE

WITNESS (print name)

PARENT OR GUARDIAN
(if participant is under age 18)

DATE

PARENT OR GUARDIAN (print name)