



SUFFOLK
UNIVERSITY
BOSTON

COVID-19 INTERNSHIP WAIVER AND RELEASE

PLEASE READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. THE EFFECT OF THIS DOCUMENT IS TO RELEASE SUFFOLK UNIVERSITY FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN A COURSE, INTERNSHIP OR CLINICAL PROGRAM OUTSIDE OF MASSACHUSETTS.

I acknowledge that I have been advised by Suffolk University (“University”) that many academic classes have been moved to online instruction due to concerns regarding COVID-19. I am knowingly electing to perform my course and/ or internship/clinical hours at _____ (“Internship Site”) and accepting the potential risks posed by the in-person course and/or internship, including the health risks associated with the COVID-19 pandemic.

To the extent my academic program requires internship/clinical hours, I acknowledge that the University has encouraged all students to perform any required internship/clinical hours remotely. I further understand that I have been provided an option to complete the hours necessary when the COVID-19 risk is abated to permit me to earn the academic competency and credit required of my academic program. I also understand that the guidance from the CDC and the University may change, and I may be required to adhere to those changes. However, I choose to complete the internship/clinical placement at this time and I understand that my participation is completely voluntary and may include inherently dangerous activities that expose me to certain damages and risks, including but not limited to all risk associated with the COVID-19 virus such as serious illness, hospitalization or death, as well as risk that is elevated for individuals with underlying medical conditions such as diabetes, lung disease and heart disease.

I further understand that if I become ill or symptomatic or there are additional advisories or other external restrictions on my participation in the internship/clinical experience, Suffolk or the Internship Site may remove me from the Internship Site immediately. In consideration of being permitted to participate in the internship/clinical placement at Internship Site, I do hereby release, waive and discharge Suffolk University and its respective representatives, trustees, officers, employees, agents, contractors and advisors (“Released Parties”) from any and all actions, damages, claims or demands which I, my heirs, personal representatives, executors, administrators, or assigns may have against any and all of the aforementioned for any and all personal injuries, accidents, or illnesses (including death), known or unknown, which I have or may incur by participation in the above stated Event and for all damages and loss to my property. The foregoing acknowledgement of risk and waiver of liability is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Massachusetts and that if any portion is held invalid, it is agreed that the balances shall, notwithstanding, continue in full legal force and effect.

I, the undersigned, am at least 18 years of age. I have read this Acknowledgement of Risk and Waiver of Liability and fully understand its terms. I acknowledge that I am signing this waiver freely and voluntarily with full knowledge of its significance.

Name of Participant (Printed): _____

Signature of Participant: _____

Date: _____

If Participant is under the age of 18, his or her parent or legal guardian must also sign.

I, (printed name) _____, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document. I consent to the participant taking part in the Activities described above, and I fully enter into and agree to the above Participant Waiver and Release of Liability Form.

Signature of Parent (if Participant is less than 18 years of age): _____