

**GEORGE MASON UNIVERSITY INTERSHIP  
CONSENT AND RELEASE AGREEMENT**

This Agreement is designed to protect all participants in George Mason University's internship/externship programs, including but not limited to, students, faculty, staff, George Mason University and the agencies and individuals cooperating with the University. The student must sign this Agreement, with parental or guardian approval if the student is under the age of 18, to indicate agreement with the terms and conditions of the Agreement and permission to participate in the designated program.

**Name:** \_\_\_\_\_ **- Student ID:** \_\_\_\_\_

I understand that participation in the George Mason University Internship/Externship Program is voluntary and that any such internship program involves some element of risk. I agree that in consideration of George Mason University sponsoring this activity and allowing my participation, I (including my parents, guardians, and legal representatives) will release, indemnify, and hold harmless George Mason University, and its Trustees, officers, employees, faculty, agents, successors, and assigns from liability for any and all claims, demands rights or causes of action, present or future, resulting from or arising out of any activity or travel conducted by or under the auspices of the George Mason University Internship/Externship Program.

I understand that the University requires that all students be covered by appropriate accident and medical insurance and that the student be financially responsible for such expenses. My signature below verifies that I am covered by such insurance.

**I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW.**

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

Printed Name of Participant \_\_\_\_\_ Semester/Academic Year \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_  
(if Student is under the age of 18)