



Date: \_\_\_\_\_

## LIABILITY RELEASE FORM

STUDENT NAME: \_\_\_\_\_

STUDENT DATE OF BIRTH: \_\_\_\_\_

I am signing this Release so that I can participate in the internship activities listed below as part of the School of School of Sustainability Internship program at Arizona State University.

Internship activities include:

I agree to assume the risk that unexpected events may occur and result in harm, injury or illness to me while I am participating in these activities or in connection with transportation to and from the destinations or any associated food or lodging. I agree to indemnify ASU and not to sue ASU for any harm or damage associated with my participation if the harm or damage is not due to the negligence or fault of ASU.

If I require emergency medical treatment, please contact:

Name of Emergency Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the physician/health care provider rendering treatment.*

Signature \_\_\_\_\_ Date \_\_\_\_\_