

# PEPPERDINE UNIVERSITY

## School of Public Policy

### Internship Release of Liability

**\*\* Please read carefully before signing \*\***

I acknowledge and understand that completion of an internship experience is a requirement to obtain the Master of Public Policy degree and that the School of Public Policy does not endorse any particular internship. I understand that the purpose of this Release and Hold Harmless Agreement (“Release”) set forth herein is to protect the University and the School of Public Policy, its governing board, agents and employees (collectively the “University”) from and against any and all liability which may arise from, or be related to, my participation in an internship.

I acknowledge and understand that there may be certain dangers and risks inherent in travel and the activities included in certain internships and that the University cannot and does not assume responsibility for losses including, but not limited to, personal injuries or property damage arising therefrom. These risks may include losses regarding travel to and from a destination; the condition of facilities where the internship occurs; criminal activity; sickness, weather, strikes, hostilities, wars, natural disasters, or other such causes; and any disruption of travel arrangements, or any additional expenses that may be incurred therefrom. I acknowledge and understand that the University does not represent, or act as agent for, the internship chosen by me transportation carriers, facilities, or other suppliers of services connected with an internship.

#### Release and Hold Harmless

Knowing the dangers and risks of such activities, I, on behalf on my family, heirs, and personal representative(s), agree to assume all risks and responsibilities surrounding my participation in an internship and release and forever discharge, waive, and covenant not to sue the University from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever which I may have, or which may hereafter accrue to me, arising out of or related to my participation in an internship.

I agree to hold the University harmless from and against any claim by me or my family arising out of my participation in an internship. I further agree that this Release shall be governed and interpreted in accordance with the laws of the State of California.

#### **THIS IS A RELEASE OF LEGAL RIGHTS.**

**PLEASE BE CERTAIN YOU UNDERSTAND THIS DOCUMENT BEFORE SIGNING IT.**

*Please initial the boxes:*

- I have visited the State Department website ([http://travel.state.gov/travel/cis\\_pa\\_tw/tw/tw\\_1764.html](http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html)) and confirm that the countries (ies) that I am visiting are not on the list of travel advisories.
- I have purchased insurance (emergency care and hospital coverage required, if going abroad.)
- Attached is a copy of my passport and itinerary.
- I have obtained the necessary travel vaccinations and have the personal immunization record for travel.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
CWID

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date