



WAIVER AND ACKNOWLEDGMENT

For Students who will be Participating in Voluntary Internships

By signing below, I acknowledge that I have been advised of the risks associated with participating in internships during times of increased health concerns and risks of contagious diseases. Specifically, I understand that as a student voluntarily participating in an internship for academic credit related to my course of study at Rowan University, I agree to assume the risk of possible injury, illness, or death resulting from exposure to contagious diseases.

I have been presented with academic alternatives and have voluntarily chosen and elected to participate in this internship. Further, I have been advised about the environment in which I am participating in such internship. I have received information relating to the specific internship site's protocols and I understand that social distancing has been recommended to prevent the spread as well as other mitigation measures where social distancing is not possible, including the wearing of face coverings.

I have been advised to consult available information provided by relevant governmental agencies, including the Centers for Disease Control, the New Jersey Department of Health, and other entities relating to specific warnings and advisories impacting my participation in the internship. I have been advised to consult with a health care provider of my own choosing to determine whether there are special risks that might prevent me from participation in such internship or at such internship site. I affirm, to the best of my knowledge that I am in good physical health and free from cardiovascular, respiratory or other diseases or ailments, which could expose me to heightened risks of infectious disease transmission. I further acknowledge and affirm that my participation in the internship at this time is voluntary.

In full awareness of the above and in consideration of my election to participate in the internship during this time, I do hereby waive, release and discharge any and all claims for death, personal injury or damage against Rowan University, its officers, agents, and employees, which I may have as a result of my election to voluntarily participate in the internship, relating to the spread of infectious diseases. I understand and agree that this Waiver and Acknowledgment shall release Rowan University from any claims based on the actions, omissions, or negligence of the University, its employees, agents, and representatives, whether any infection, illness or harm occurs before, during, or after I participate in the voluntary internship. I further understand and agree that this Waiver and Acknowledgment is binding on my heirs and assigns.

If any portion of this Waiver and Acknowledgment shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of the Waiver and Acknowledgment shall remain in full force and effect, and the offending provision or provisions will be severed herefrom. By signing this Waiver and Acknowledgment, I acknowledge that I understand its content and that this Waiver and Acknowledgment cannot be modified orally.

I acknowledge that I have carefully read this Waiver and Acknowledgment, fully understand that it is a release of liability, am at least 18 years of age, and am legally competent to sign this document.

Student Signature/Parent/Guardian Signature (for students under the age of 18) Date

Printed Name