QUINSIGAMOND COMMUNITY COLLEGE
Career Services
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Student Co-op/Internship Acknowledgment of Risk and Consent Form

To be completed by Student and reviewed by Faculty:

Co-op/Internship Site: _____

Co-op Faculty Name: _____

Co-op/Internship activities include but not limited to: _____

_____

_____

Section II. To be completed by Student:

I understand that there are certain dangers, hazards and risks that may be associated with my participation in the co-op /internship activity(s) described above. I further understand that all risks cannot be prevented. I have considered the risks associated with participating in this co-op/internship and knowingly and voluntarily assume all such risks. Furthermore, I represent that I am physically and mentally capable of participating in this co-op/internship and that I am capable of using the equipment, if any, associated with the job duties.

On behalf of myself, and my family, heirs, and personal representatives, I hereby agree to indemnify, hold harmless, release from liability and waive any legal action against the College, its governing board, officers, agents and employees (collectively, "the Released Parties") for any personal injury, death, or property damage I may suffer or cause to a third party arising out of or in any way connected to my participation in the co-op/internship or while in transit to or from said co-op
/internship.

I represent that I am covered by adequate medical/health/accident insurance for any injury that I may suffer at the internship site. In the event I require medical services due to an injury suffered during the co-op/internship, I understand and agree that the College does not provide medical services or medical personnel at the co-op/internship site and is under no obligation to provide transportation for me to obtain medical services.

I understand and agree that this document shall be construed in accordance with the laws of the Commonwealth of Massachusetts, if any term or provision of this document shall be held invalid or unenforceable, the remaining terms and provisions shall remain in full force and effect. I understand that by signing this document I am representing that I have read and understand all of its terms and conditions and that I fully intend to be bound by the same. I also understand that I may wish to consult with an attorney prior to signing this document.

Student's Name: _____

Student's Signature: _____ **Date:** _____

**** Form required: Submit electronically on https://app.purplebriefcase.com/pb/account/login?s=QCC***