



2019 Participation Agreement - Internship Program
Acknowledgement of Risk and Statement of Responsibility
Opening Conference, Internship, and Closing Conference: June 6 – August 4, 2019

Student Name: _____

College/University Name: _____

Conditions of Participation

Acknowledgement of Risk and Statement of Responsibility.

My participation in this internship is voluntary. I acknowledge that there are risks inherent in the internship program in poverty studies, including traveling, living away from campus, and volunteering for an agency serving people in distressed communities, and I agree to assume any and all risks and responsibilities for my health, safety, and property while participating in this internship program.

Without reservation, and on behalf of myself, my heirs, and my estate, I release SHECP and _____ (Col./Uni.), its officers, trustees, agents, and employees from any claim or liability of whatever nature arising out of, or in any way related to my participation in this internship program. This includes, but is not limited to, injury, loss, damage, accident, medical, sickness, weather, act or omission of a common carrier, landlord, hotel, restaurant, private or government internship provider, or other agency or entity unless SHECP and/or _____ (Col./Uni.) is grossly negligent. I understand that I am responsible for making arrangements for my travel, if not arranged by SHECP or _____ (Col./Uni.).

I will comply with _____ (Col./Uni.)'s and SHECP's policies and standards for student conduct and with the laws of any locality to which I travel. I understand and agree that if I violate any of these terms, or otherwise demonstrate behavior that is detrimental to the reputation of these sponsoring institutions or disruptive to the internship program, my College or University may dismiss me from the program, decline to provide me academic credit or recognition, and/or may require me to reimburse SHECP and/or _____ (Col./Uni.) for expenses or funds advanced to offset my expenses.

I further agree to participate in all program activities offered by SHECP or _____ (Col./Uni.) including orientation sessions on my campus; opening conference at Marymount University, Arlington, Virginia; a mid-term seminar; closing conference at Marymount University, Arlington, Virginia; and evaluation of the internship program. I will be an

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engaged member of my living cohort and make thoughtful efforts to be a positive member and form meaningful bonds with other SHECP interns.

Ability to Participate, Insurance and Consent to Treatment.

I represent that I am physically and mentally able, with or without accommodation, to participate in this internship program. I understand that it is my responsibility to have adequate health and accident insurance coverage at all times while participating, either through my College or University's or another insurance policy. I agree to pay for all necessary medical expenses. Should I require any medical treatment while engaged in the program, I grant SHECP and _____ (Col./Uni.) full authority to consent to whatever action they feel is warranted under the circumstances regarding my health and safety, including medical treatment or evacuation, all at my expense.

Health Insurance Company: _____ Policy# _____

Housing

I acknowledge that SHECP is making arrangements and payments for housing for me as a participant in the Internship Program. Interns should expect roommates. I understand that I am responsible for treating my roommates with respect and for properly maintaining all accommodations and for leaving those accommodations clean and in good condition at the time of my departure.

Damage/Repairs

I also acknowledge that I am solely responsible for the following:

- Should accommodations require cleaning and/or repairs at the time of check-in, I understand and acknowledge that I am responsible for immediately reporting all pre-existing and/or unclean conditions and damages to SHECP staff and to the owner and/or manager of the accommodations. I understand and acknowledge that any charges for cleaning and/or repairing unreported, pre-existing damages shall be my sole responsibility.
- While occupying accommodations paid for by SHECP, I understand and acknowledge that I must report all damages that occur, even if I am not the person who caused the damage. I understand that I will be responsible for any damages that occur after check-in, including but not limited to holes in walls, floors, and ceilings; soiled, stained, or torn carpets or furnishings; broken fixtures or appliances; cigarette odors in non-smoking facilities; lost or damaged door keys, etc. Unless another person claims full responsibility for damages to accommodations occupied by me, and that person agrees to pay the cleaning and/or repair charges in full, I understand and acknowledge that I am responsible for all such charges. If two or more SHECP participants (including me) occupy shared accommodations paid for by SHECP and no participant(s) takes full responsibility for damages to the accommodations. I understand and acknowledge that SHECP will assign an equal share of the cost of cleaning and/or repairs to each such program participant and it shall be the responsibility of each participant (including me) to pay his/her share. If reimbursement is due, I understand and acknowledge that I am

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continued**

responsible for remitting payment in full within 30 calendar days of written notification from SHECP.

Personal Property & Insurance Coverage

I understand and acknowledge that SHECP assumes no responsibility for my personal property while I am traveling or occupying accommodations paid for by SHECP. I further understand and acknowledge that obtaining renter’s insurance is my sole responsibility.

Engagement and Withdrawal

If I should have any concerns about my health and safety during the internship, I will immediately contact my school internship director and the SHECP Internship Coordinator.

I understand that if I should withdraw from the program after April 8, 2019, and before completion of the program that I am responsible for refunding the per diem and will reimburse costs associated with housing and travel arrangements made on my behalf, which cannot be recouped.

Signed and agreed to this _____ day of _____, year _____.

Signature: _____

Printed Name: _____

SHECP Member School: _____