

COVID WAIVER & ASSUMPTION OF RISK

Waiver and Assumption of Risk Agreement

I, _____, am a student at Brigham Young University, and I acknowledge that I am seeking BYU's approval for an internship. I hereby acknowledge that I am aware that this internship may subject me to a number of risks, dangers and/or liabilities for which I take full responsibility. I understand and acknowledge that this internship may require that I participate in hazardous or dangerous activities, interact and engage with people in normal business practices that may involve various unavoidable risks, including but not limited to possible infection with the Coronavirus or COVID-19 or other dangerous and potentially lethal infections, which may result in injury, illness, or death. I understand and acknowledge that this internship may also subject me to liability, including but not limited to liability for infecting others with Coronavirus or COVID-19 or other dangerous and potentially lethal infections, for which liabilities I take full responsibility. I am participating and have chosen this internship of my own accord. I am aware that there are other internship options and non-internship options for academic credit and that I am free to accept or reject this specific internship without penalty to or effect on my academic record or ability to complete my studies at BYU. I voluntarily agree to assume all of the above risks, and any other risks associated with my chosen internship, whether known or unknown.

In consideration for my internship to be recognized by Brigham Young University (BYU) and/or to receive credit for my internship, I waive all claims for damage or loss to my person or property that may be caused by any act or failure to act of BYU, its subsidiaries, affiliates, officers, agents, or employees. I assume the risk of all dangerous conditions or liabilities that may occur from my internship and waive any and all specific notice of the existence of such conditions.

Internship Participant's Net ID and/or BYU ID

Internship Participant's Signature

____ / ____ / 20____
Date