

Student's Printed Name: _____

SAMFORD UNIVERSITY

ASSUMPTION OF THE RISK, RELEASE AND INDEMNITY AGREEMENT

MINISTRY PRACTICUM EXPERIENCES

I want to have the opportunity to work and learn as an Intern in a church or ministry organization. This will give me an "out of the bubble" experience of the real world. I understand that a major part of the learning experience is the prior planning and preparation for such an experience.

I understand and agree that Samford University considers an internship to be an extension of its educational program, and therefore, the normal rules and regulations governing behavior that are applicable on the Samford University campus are applicable to me during any period that I am away from the campus. I further understand that I am expected to exercise good judgment in planning and using my time and in maintaining conduct appropriate to my setting.

As a representative of the Beeson Divinity School of Samford University I understand that I have a special responsibility to conduct myself in a professional manner at all times in order to demonstrate that I am a member of a living community of faith and learning whose highest purpose is "to know God and to enjoy Him forever." I also understand that any standard of behavior or conduct that does not reflect favorably on my calling can have adverse consequences on my career as well as on the reputation of the Beeson Divinity School and Samford University. Unprofessional conduct may also result in legal action against me individually as well as against Samford University. I covenant to conduct myself in a manner that will reflect positively on my commitment to Christian service.

I am aware of the fact that along with the rewards of an internship (exposure to real life experience in an actual working environment), there are risks as well. The actual experience of working in a ministry position, and living in the vicinity of that work, is not, and cannot be, controlled or even supervised on site by Samford University. During the time I am participating in the internship, including travel time, I will be on my own. I agree to plan my trip and my experience carefully.

If I elect to go outside of the USA, I am aware that there are many sources of information about the culture, and the legal, political, governmental, and religious systems in foreign countries. I have been informed that I can obtain much important information from the U.S. State Department, and that I should study the materials located on its web site at <http://travel.state.gov/travel>. If I travel outside of the USA, I agree to educate myself about, and to be sensitive to, the laws, customs, and mores of foreign countries. I understand that while outside the USA, U.S. consular officers may be of some assistance if called on to meet U.S. citizens at foreign police stations, hospitals, prisons and even at morgues, but in these cases, the assistance that consular officers can offer is limited.

If I stay in the USA I agree to educate myself about the locality in which I plan to live and work.

In either event, I agree, as part of my learning experience, to assume the risks inherent in living and working in a real life setting away from the relative security of a college campus. By "assuming the risk" I mean that I will be responsible for any loss of money or personal property whether as a result of my own actions or by theft. I mean that I will be responsible for my own safety and my own actions. I mean that I cannot hold Samford University responsible or liable for any loss resulting from the consequences of personal injury, including death or for the loss of money or personal property, whether

resulting from negligence or intentional actions. I recognize that crime and violence, as well as unexpected difficulties, can occur to U.S. citizens in the USA as well as in all other parts of the world.

In consideration of my being permitted to participate in an internship, I hereby release, discharge and covenant to hold harmless Samford University, its trustees, officers, faculty members, employees, agents, advisors or any one or more of them, or their executors, administrators, heirs or assigns (the "Indemnified Parties") from any and all claims, demands, damages, costs, expenses, actions and causes of action, present or future, on account of injuries to my person or property, and even injuries resulting in my death, arising out of or in connection with my participation in the Internship. I intend for this release and indemnity agreement to protect the Indemnified Parties from any and all claims, demands, damages, costs, expenses, actions and causes of action, present or future, of my parents or guardian, my estate, my spouse, if I am married or any other person or entity, on account of injuries to my person or property, and even injuries resulting in my death.

In further consideration of my being permitted to participate in an Internship, I, for myself and for my executors, personal representatives, heirs and assigns, hereby assume full responsibility for the risks, foreseen or unforeseen, of property damage, injuries, or death while participating in the internship activity, including travel. I further agree to indemnify and hold harmless the Indemnified Parties from all claims, demands, damages, costs, expenses, actions and causes of action, present or future, that may accrue to any person or entity as a result of any property damage, injuries, or death, that may occur to me or that may be caused by me as a result of my participation in the internship experience.

This is a legally binding document and has important legal consequences!

I have carefully read the foregoing Assumption of the Risk, Release and Indemnity Agreement. I have had the opportunity to study it, to ask questions about it, to consult with my parents, friends or other advisors about it, and after such inquiry I am satisfied that I fully understand the consequences of my execution of this Agreement. I am signing this Agreement as my own free act.

I certify that I am at least 19 years of age as of the date I sign this Agreement.

Signed this _____ day of _____, 20__.

Typed or Printed Name of Student

Signature of Student