

SCHOOL OF BUSINESS

STOCKTON UNIVERSITY

Waiver for Participation for Persons Over 18 Academic Internship

I, _____ (print name) have voluntarily requested permission to participate in Stockton University Internship Learning Program beginning on (date) _____. I have familiarized myself with the program and I believe that I am physically, medically and mentally capable of participating in such activity. If there are any medical or other concerns which might limit my participation in such event, I have advised appropriate personnel of such concerns. I am agreeing of my own free will to participate in this activity and use of any facilities or equipment associated with this event.

I have personally and willingly assumed responsibility of all known and unforeseen risks that may occur arising out my participation in this program. On behalf of myself, and any of my heirs, assigns or successors, I hereby agree to release, indemnify, defend and hold harmless Stockton University and its, officers, agents, servants, Board of Trustees, and employees against any damage, claim, demand, liability, judgment, loss, expense, or costs arising from participation in this event whether due to intentional acts or omissions or negligence of Stockton University or any of its employees, servants or agents or those of third parties or organizations. I acknowledge and agree on behalf of myself, my heirs, assigns or successors, that I am releasing Stockton University from any liabilities in law or equity, however the liability may arise, for any injuries, fatalities, damages, losses or expenses to myself or my personal property. I agree and consent that any disputes arising out of participation in this activity and any and all claims that I may bring against the State of New Jersey and Stockton University and their employees as a result of this activity shall be subject to the provisions of the laws of the State of New Jersey, particularly the New Jersey Tort Claims Act (N.J.S.A. 59:1-1 et seq.), New Jersey Contractual Liability Act, (N.J.S.A. 59:13-1 et seq.); the New Jersey Charitable Immunity Act, (N.J.S.A. 2A:53A-7 et seq.) and no other action for monetary damages or other legal or equitable relief shall be brought in any other jurisdiction other than the courts of the State of New Jersey and venued in Atlantic County, the situs of the University. I agree that should any damages arise out of my participation in this program that I am financially responsible.

I certify that I have read this release, I am at least 18 years of age and that by my signature below, I bind myself, my heirs, assigns, administrators, and executors to this agreement.

Date: _____ Signature: _____ Z#: _____

Printed Name, Address and telephone of number of participant

Emergency Contact: Name, telephone number and relationship of person traveling, to notify in case of emergency

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