

WAIVER OF LIABILITY

I, _____ (print name), being eighteen (18) years of age or older, do hereby affirm and swear as follows:

1. I have voluntarily chosen and elected to participate in the Professional Practice Program at Illinois State University.
2. I am fully aware of the potential risk of harm which may arise in the course of this program.
3. I willfully and freely assume complete responsibility for any injuries, physical or mental, which I might sustain by participating in the Professional Practice Program.
4. I have made provision (either myself or through my parents) to have medical insurance sufficient to cover any medical obligations. I am fully aware that the University carries a professional liability package that is designed to cover potential risks. This policy is available to all Professional Practice students. Copies of the policy may be obtained from Robert Spaulding in Bond Revenue.
5. I assume all obligations for payment of state and/or federal taxes.
6. I assume all obligations for complying with all current financial aid regulations (see Financial Aid Office).
7. I acknowledge that if driving is a part of this assignment, I will maintain a current driver's license and insurance.
8. I understand that participation in Professional Practice does not entitle me to unemployment compensation at the end of the work term.
9. I understand that it is my responsibility to arrange for registration for the following school term.
10. I assume responsibility for applying for refund of fees if I am eligible as a result of my participation in Professional Practice.
11. I will hold Illinois State University harmless and not liable for any injury which may befall me as a result of my participation in the Professional Practice Program, except that injury which may be sustained by me as a direct result of a willful or negligent act of an employee or agent of Illinois State University.

Signed _____

Date _____