

## School of Education

## OFF-CAMPUS STUDENT PARTICIPATION AGREEMENT

[This is a release of legal rights; read carefully before signing.]

I, he	ereby acknowledge my awareness that participation in an off-campus
internship or applied learning experience arrange property damage and/or bodily or personal injur consideration of the College arranging for mexperience at	ed through Middle Georgia State College may expose me to a risk of ry, including injury that may prove fatal to me or others. For the sole my participation in an off-campus internship or applied learning
I further agree to follow all administrative policies, standards, and practices of the off-campus facility. I understand that I shall not be deemed to be employed by, or to be an agent or servant of, the Board of Regents, Middle Georgia State College for any services I provide during the internship and that I will not receive monetary compensation for such services from the College. I further state that there are no health-related reasons or problems which preclude or restrict my participation, without provisions of reasonable accommodation, in this activity and that I shall be fully responsible for any medical costs, through adequate health insurance or otherwise, that may be attendant as a result of injury to me during my internship activities.	
executors, administrators, and assigns, as well a agree that it shall be construed in accordance v	tudent Participation Agreement and I agree that it binds my heirs, as myself. I have freely and voluntarily signed this agreement and with the laws of the State of Georgia. If any terms of provisions of able, the validity of the remaining portions shall not be affected.
Signature of student participant	Date
Signature of witness (Must be 18 years or older)	Signature of parent/guardian (if student is under 18 years old)