“In signing this Agreement, I acknowledge that I understand that my participation in an in-person internship will involve risks and hazards not found in remote study at the College, which is the current mode of instruction required by the COVID-19 pandemic and the executive orders and directives of New York State. In ordinary times, these risks can range from a) minor injuries and illness such as bruises, and strains, to b) major injuries and illness such as broken limbs, loss of sight, neck or back injuries, heart attacks, and concussions, to c) catastrophic injuries, including paralysis and death, and also include risks of damage to or theft of personal property, and risks involved in traveling to and within, and returning from, internship sites. I understand that COVID-19 presents unique health risks, especially to those with underlying conditions, and that there may be other risks not known or reasonably foreseeable. I have sought and obtained information and advice that I feel are necessary and appropriate. I VOLUNTARILY ACCEPT AND ASSUME ALL OF THE RISKS IN PARTICIPATING IN THE INTERNSHIP and my participation in an internship with internship partner described below is voluntary.”

________________________     __________________________________       __________
Name                                                         Signature                                                                 Date