

Frostburg State University Liability Release Statement

As a required for the completion of the degree in Recreation and Park Management at Frostburg State University (“University”) in the program of Recreation and Park Management (the “Department”), I, _____, will participate in a field experience through an internship with an agency approved by the University. I acknowledge and fully understand that I will be engaging in activities that involve risks, including but not limited to the risk of injury or death resulting not only from my actions, inaction, or negligence, but the actions, inaction, or negligence of others. These risks include but are not limited to travel to and from the site, equipment used at the site, conditions that exist on the premises, and other risks that may not be known to me or are not reasonably foreseeable.

I voluntarily assume all risk of loss, damage, illness, injury or death that I may sustain while participating in any field experience except as may be caused by the gross negligence or willful misconduct of the University or its employees and agents. On behalf of myself and my heirs and estate, I agree to release, waive, discharge, and hold harmless the State of Maryland, the University System of Maryland, Frostburg State University, and their respective officers, officials, agents, volunteers, and employees from any and all claims, demands, liabilities, loss, or damages resulting from my participation in the University’s internship program, except as may be caused by the gross negligence or willful misconduct of the University or its employees and agents.

I understand that because the field experience is a required element of my degree program, the Department has ensured that I am covered by the University’s professional liability insurance, which will protect me from most malpractice claims that may be asserted against me except when caused by my negligence or willful misconduct or any other limitations that may be identified by the University’s insurance carrier.

The University reserves the right to decline to accept or retain me in the program at any time should my actions or general behavior impede the operation of the program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the University, I understand that I may be required to leave the program at the sole discretion of the University’s representatives and agents, and may be referred to the appropriate University officials for further disciplinary or other action. In such an event, no refund will be made for any unused portion of the program.

I have read and do fully understand and agree to abide by the Frostburg State University Liability Release Statement as written above.

Signature of Participant

Date

If participant is under age 18, a parent or guardian MUST also sign this Liability Release Statement.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Instructions: Read this form; sign it and return it to you internship supervisor before starting your internship.