



# INFORMED CONSENT

NAME OF STUDENT/EMPLOYEE/PARTICIPANT, \_\_\_\_\_ (Please print neatly and legibly)

WILL be participating in \_\_\_\_\_.

Furthermore, I recognize and acknowledge the following:

- That participation is voluntary, and it is at my own risk and that all program participation requirements of the program must be complied with and followed,
- That I am physically able to participate in the activities of this internship and/or program and know of no disability that would prevent my participation in this program,
- That while I am participating in the program, I understand there are risks of death or bodily injury or property damage caused by or resulting from slips, trips, falls and other forms of physical harm. Therefore, I will make every effort to avoid being injured or causing damage to property; I herein confirm that I maintain and am covered by medical and health insurance coverage,
- That traveling to and from the site(s) may entail risk of death or bodily injury or property damage and if called upon to use my personal automobile for the community site visits, I herein confirm and agree to maintain appropriate automobile insurance coverage on said vehicle,
- That in the event that a need for emergency medical services arises, I authorize and consent to such service(s) being provided and assume the cost thereof;
- That while traveling I will carry appropriate copies of photo identification and health insurance identification,
- For any activity that I engage in which is not scheduled by the Public Safety I assume full responsibility for my engagement in the said activity.

Notwithstanding these risks, I, for myself, and assigns do waive, release and discharge Rutgers, The State University of New Jersey, its governors, trustees, officers, employees and agents from any and all claims, demands, actions, causes of actions, costs and expenses for and by reason of any death, personal injury, property damage, loss and expense, which heretofore have been or hereafter may be sustained or suffered by me in consequence of and as a result of a certain accident, casualty or event or my presence or activities in connection with this activity. I also agree to indemnify and hold harmless Rutgers for injuries sustained either by me and/or caused by me to others during this activity. Furthermore, I acknowledge that the risks outlined above are not intended to be all-inclusive and voluntarily accept all risk know or unknown.

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact's Name

\_\_\_\_\_  
Contact's Phone Number