

WAIVER AND RELEASE OF LIABILITY

SOCIAL WORK PRACTICUM

Whereas the Department of Health Sciences and Social Work of Western Illinois University enters into agreements with agencies that agree to accept social work majors as interns for the purpose of furthering the education of such students, and

Whereas I, _____, have accepted a practicum placement with
(Student)

(Agency)

as a part of my course work as a social work major, and;

Whereas my practicum at this agency may include participating in a variety of agency activities, including riding in agency vehicles or driving on assigned agency business to off-site locations,

I hereby agree to hold harmless Western Illinois University (including its officers, agents, servants, and employees) and the above named agency (including its offers and employees) from any liability (including losses, detriments, damages, expenses, charges, claims, suits, actions, or judgments) which may be incurred by them resulting from any misfeasance on my behalf in the performance of my activities as a practicum intern.

I further attest that I am above the age of 18 years, with full understanding of all risks involved, and agree that this waiver and release shall be binding upon my heirs, executor, administrator, and assignors.

STUDENT

WITNESS

Signature

Signature

Date

Date