

*Student's Printed Name:* \_\_\_\_\_

## **SAMFORD UNIVERSITY**

### **ASSUMPTION OF THE RISK, RELEASE AND INDEMNITY**

#### **AGREEMENT FOR MINISTRY PRACTICUM EXPERIENCES**

I, the undersigned student, being nineteen years of age or older, want to have the opportunity to work and learn as an intern in a church or ministry organization. It is my belief and anticipation that this will give me an “out of the bubble” experience of the real world and prepare me better for ministry. I understand that a major part of the learning experience is the prior planning and preparation for such an internship.

I acknowledge, understand and agree that Samford University considers an internship to be an extension of its educational program, and therefore, the normal rules and regulations governing behavior that are applicable on the Samford University campus are applicable to me during any period that I am away from the campus. I further understand that I am expected to exercise good judgment in planning and using my time and in maintaining conduct appropriate to my setting.

As a representative of the Beeson Divinity School of Samford University I understand that I have a special responsibility to conduct myself in a professional manner at all times in order to demonstrate that I am a member of a living community of faith and learning whose highest purpose is “to know God and to enjoy Him forever.” I also understand that any standard of behavior or conduct that does not reflect favorably on my calling can have adverse consequences on my career as well as on the reputation of the Beeson Divinity School and Samford University. Unprofessional conduct may also result in legal action against me individually and perhaps against Samford University. I covenant to conduct myself in a manner that will reflect positively on my commitment to Christian service.

I acknowledge that I am aware that along with the rewards of an internship (exposure to real life experience in an actual working environment), there are also risks. The actual experience of working in a ministry position and living in the vicinity of that work, is not, and cannot be, controlled or even supervised on site by Samford University. During the time I am participating in the internship, including travel time, I will be on my own. I agree to plan my trip and my experience with all necessary and appropriate prudence and care.

If in the conduct of an internship I am required or elect to travel to a location outside the United States, I am aware that I should inform myself concerning the culture and the legal, political, governmental, and religious systems in foreign countries. I acknowledge that helpful information is often available from the U.S. State Department, and that I should study at <http://travel.state.gov/travel> the information that is relevant to the country in which my internship will occur. I will educate myself about, and be sensitive to, the laws, customs, and mores of the country or countries that I will visit. I understand that United States consular officers in foreign countries may be of some assistance if called upon to meet United States citizens at foreign police stations, hospitals, prisons and even at morgues. Nevertheless, I know that the assistance that consular officers can offer is limited. If my internship is located in the United States, I will likewise educate myself about the locality in which I plan to live and to work.

No matter where my internship is located, I agree, as part of my learning experience, to assume the risks inherent in living and working in a real life setting, the risks of which cannot be fully identified or anticipated in advance. By "assuming the risk," I acknowledge that I will be responsible for any loss of money or personal property, whether as a result of my own actions or as a result of the actions of others, whether of a criminal nature or otherwise. I will be responsible for my own safety and my own actions and I do not and will not hold Samford University responsible or liable for any loss resulting from the consequences of personal injury, including death, or for the loss of money or personal property, whether resulting from negligence or intentional actions. I recognize that crime and violence, as well as unexpected difficulties, can occur and may occur at any place and under any circumstances.

**IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE IN A MINISTRY INTERNSHIP, I HEREBY RELEASE AND DISCHARGE SAMFORD UNIVERSITY AND ITS TRUSTEES, OFFICERS, FACULTY MEMBERS, EMPLOYEES, AGENTS AND ADVISORS, OR ANY ONE OR MORE OF THEM, AND THEIR RESPECTIVE EXECUTORS, ADMINISTRATORS, HEIRS OR ASSIGNS (COLLECTIVELY THE " SAMFORD PARTIES") FROM, AND INDEMNIFY AND HOLD HARMLESS THE SAMFORD PARTIES AGAINST ANY AND ALL CLAIMS, DEMANDS, DAMAGES, COSTS, EXPENSES, ACTIONS AND CAUSES OF ACTION, PRESENT OR FUTURE, ON ACCOUNT OF INJURIES TO MY PERSON OR PROPERTY, INCLUDING INJURIES RESULTING IN MY DEATH, ARISING OUT OF OR IN CONNECTION WITH MY PARTICIPATION IN THE INTERNSHIP. I INTEND FOR THIS RELEASE AND INDEMNITY AGREEMENT TO PROTECT THE SAMFORD PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, COSTS, EXPENSES, ACTIONS AND CAUSES OF ACTION, PRESENT OR FUTURE, OF MY PARENTS OR GUARDIAN, MY ESTATE, MY SPOUSE (IF I AM MARRIED) OR ANY OTHER PERSON OR ENTITY, ON ACCOUNT OF INJURIES TO MY PERSON OR PROPERTY, INCLUDING INJURIES RESULTING IN MY DEATH.**

**IN FURTHER CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE IN AN INTERNSHIP, I, FOR MYSELF AND FOR MY EXECUTORS, PERSONAL REPRESENTATIVES, HEIRS AND ASSIGNS, HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISKS, FORESEEN OR UNFORESEEN, OF PROPERTY DAMAGE, PERSONAL INJURIES, OR DEATH WHILE PARTICIPATING IN THE INTERNSHIP ACTIVITY, INCLUDING TRAVEL. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS THE SAMFORD PARTIES FROM ALL CLAIMS, DEMANDS, DAMAGES, COSTS, EXPENSES, ACTIONS AND CAUSES OF ACTION, PRESENT OR FUTURE, THAT MAY ACCRUE TO ANY PERSON OR ENTITY AS A RESULT OF ANY PROPERTY DAMAGE, INJURIES, OR DEATH, THAT MAY OCCUR TO ME OR THAT MAY BE CAUSED BY ME AS A RESULT OF MY PARTICIPATION IN THE INTERNSHIP EXPERIENCE.**

This is a legally binding document that has important legal consequences. I have carefully read this Assumption of the Risk, Release and Indemnity Agreement and I have had the opportunity to ask questions about it, to consult with my parents, friends, an attorney or other advisors about it. After such inquiry I am satisfied that I fully understand the consequences of my execution of this document, which I am signing as my own free act and not under compulsion of any kind.

**I certify that I am at least 19 years of age as of the date I sign this Agreement.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Typed or Printed Name of Student

\_\_\_\_\_  
Signature of Student

SWORN TO AND SUBSCRIBED BEFORE ME

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_