**POLARIS COLLEGE COUNSELING INTERNSHIP PROGRAM**

**INTERN RELEASE AND WAIVER OF LIABILITY FORM**

This Release and Waiver of Liability (the “Release”) executed on\_ Click or tap here to enter text. \_(date) by\_ Click or tap here to enter text. \_(“Intern”) releases Polaris College Counseling, LLC (“Polaris”) and each of its directors, officers, employees, and agents. The Intern wishes to gain research experience from the designated partnering organization\_Click or tap here to enter text.\_\_ referred by Polaris and engage in learning activities related to serving as an intern for this organization.

Intern understands that the internship is educational in nature and that no compensation is expected in return for services provided by Intern; and that Intern is responsible for his/her own insurance coverage in the event of personal injury or illness during the course of the internship.

1. Waiver and Release: I, Intern, release and forever discharge and hold harmless Polaris and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from activities during the course of the internship. I understand and acknowledge that this Release discharges Polaris from any liability or claim that I may have against Polaris with respect to bodily injury, personal injury, illness, death, or property damage that may result from the internship.
2. Insurance: I understand that Polaris does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Polaris beyond what may be offered freely by Polaris in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I have consulted with my health care provider regarding my pre-existing health conditions (such as insect, food or medication allergies) and will provide myself with any appropriate medication to treat these health problems. I hereby release and forever discharge Polaris from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the course of the internship.
4. Assumption of Risk: I understand that all the potential risks to my health and personal property may be associated with the internship program. I hereby expressly assume risk of injury or harm from these activities and release from all liability.
5. Accommodation and Transportation: I understand that Polaris does not assume any responsibilities for or obligation to provide me with any assistance relating to accommodation and transportation expenses during the course of the internship. I will be responsible for my own accommodation and transportation.
6. Program Code of Conduct: I understand that my behavior must comply with all rules and regulations of the internship program and the designated organization. I agree to comply with all program rules and regulations while using the facilities or resources. I will demonstrate honesty, punctuality, courtesy, cooperative attitudes, appropriate dress and a willingness to learn during the course of the internship.
7. Photographic Release: I grant and convey to Polaris all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Polaris during the course of internship.
8. Other: I, Intern, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

I have carefully read this Release. By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Click or tap here to enter text.

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Name of Intern Signature of Intern Date

Click or tap here to enter text

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Name of Parent or Guardian Signature of Parent or Guardian Date

(If Intern is under age of 18) (If Intern is under age of 18)

Click or tap here to enter text.

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Name of Intern’s Supervisor Signature of Intern’s Supervisor Date