

CORNELL UNIVERSITY
AguaClara Project
HOLD HARMLESS RELEASE AGREEMENT

In consideration of this internship and the valuable experience I hope to gain, I hereby make the following agreement:

1. I agree, on behalf of myself, my assigns, executors, and heirs, to release, indemnify, and hold harmless Cornell University, including the Department of Civil and Environmental Engineering and the AguaClara Program, its trustees, officers, agents employees and volunteers from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my participation in this internship. I understand that I am required to provide my own Medical Insurance. I hereby agree that I am financially responsible for all such expenses whatsoever.

2. I understand that all participants are subject to Cornell University regulations and guidelines, laws of the United States, and the laws of New York State, and that in the event of violation of these, or behavior which is considered by Cornell be detrimental to the University, students, or other participants, Cornell shall have the right to dismiss me from the internship. Even though the University expects certain standards of conduct, I understand that as an adult, I am responsible for my own conduct and safety and I pledge to conduct myself in a manner that will bring credit to me and Cornell. I have read and understand the terms of this Agreement and Release and agree to all terms and conditions on behalf of myself, heirs, representatives, executors, or administrators.

3. I state that I am cognizant of all inherent dangers of participation and the risks involved in this activity, and that I shall practice lab safety to insure my health and the health of other users in the lab. I certify that I have taken the appropriate lab safety classes for such use. However I also acknowledge that not every risk or possibility can be foreseen, and that this does not in any way limit the enforceability of this release. I agree that Cornell University is not responsible for me during my free time or during times when there is lack of supervision.

4. I certify that I do not have any medical conditions that would prohibit me from participating in this internship experience.

4. I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not mere recital, and that I have signed this document as my own free act.

Participant Name _____ Participant Signature _____

Home Address _____ Date _____