**Washington and Lee University Shepherd Internship Program 201\_**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Director: Francile Elrod**

**Student Institution:**

***Agreement of Responsible Travel and Program Participation***

*Traveling and participating in programs away from your college/university campus incurs certain risks. These risks are minimized by the exercise of reasonable care, which includes a knowledge of and adherence to all safety considerations and guidelines for the locality to which you are traveling and where you will be living and participating in program activities, and familiarizing yourself with various local conditions/situations that may impact your environment, as explained at the Shepherd Internship Program Orientation and by your agency supervisor. While participating in program activities off-campus, you assume responsibility for your own health, safety, academic, and internship performance. By asking your college/university to grant credit for academic work performed off-campus, and/or by accepting payment of a stipend for living expenses and provision of housing at no cost to you, you are agreeing to travel and participate responsibly, to adhere to all applicable college/university policies, laws ,internship provider/agency rules and policies, Shepherd Internship Program rules and standards, and otherwise to represent the Shepherd Internship Program, Washington and Lee University, your college/university, and your internship provider/agency well in both your academic and personal conduct. We ask that you share this written agreement with your parent(s)/guardian(s).*

**Conditions of Participation**

**Acknowledgement of Risk and Statement of Responsibility.** My participation in Washington and Lee University's Shepherd Internship Program for 201­­\_ is voluntary. I acknowledge that there are risks inherent in traveling and living away from my campus and I agree to assume and accept all risks and responsibility for my health, safety, and property while participating in this program. Without reservation, and on behalf of myself, my heirs, and my estate, in consideration of payment of a stipend for living expenses and arrangement of housing at no cost to me, I release Washington and Lee University ("the University"), the Shepherd Internship Program, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(“my college/university”**), their officers, trustees, agents, and employees, including, but not limited to, any staff member accompanying or directing this program, from any claim or liability of whatever nature arising out of, or in any way related to my participation in this program, including, but not limited to, injury, loss, damage, accident, medical or other expense from any cause whatsoever (including but not limited to, sickness, accident, weather, act or omission of a common carrier, landlord, hotel, restaurant, private or government internship provider, or other agency or entity). I understand that the Shepherd Internship Program and Washington and Lee University reserve the right to make cancellations, schedule adjustments, fee changes or other changes/substitutions in the program as necessary given changed conditions, emergencies, or in the interest of the group and/or program.

I will comply with my college/university’s policies and standards for student conduct and off-campus travel, all Shepherd Internship Program guidelines, rules and standards, all rules and policies of my internship provider/agency, all directives of my internship/agency supervisor, all laws and regulations of the locality of my internship/agency, and conduct myself professionally at all times. I agree to follow the instructions and guidelines given to me by the Program Director. I understand that alcohol abuse or other substance abuse will be considered a serious offense against program protocol and will result in my immediate dismissal from the program. I understand and agree that if I violate any of these, or otherwise demonstrate behavior that is detrimental to the group, the program, or the reputation of the Shepherd Internship Program, the agency for which I am working, W&L, or my college/university, the director may dismiss me from the program and send me home at my expense, refunding only uncommitted, recoverable fees, and that, in this case, I may forfeit my rights to academic credit from my college/university for activities performed while in the program. I also understand that my college/university reserves the right to award or deny me academic credit for any activities or study undertaken while in the program based on my academic performance and my adherence to the policies and guidelines established by my college/university for such off-campus study. I further agree to participate in all orientation and closing activities offered by the Shepherd Internship Program, my college/university, and my agency/internship provider, both prior to departure and upon arrival at the program site and to participate in an evaluation of my off-campus study experience upon my return. I understand that I may obtain an excused absence from the director of the Shepherd Internship Program in case of serious family illness or death, or if I am part of a wedding party. I understand and agree that all other absences will result in my forfeiting part of the stipend for living expenses issued upon completion of the Closing Conference.

I represent that I am able, with or without accommodation, to participate in this program. *(On a separate page, please explain any disability accommodations needed, and any required medications, allergies, or other health conditions that program personnel should be aware of or that could adversely affect your full participation in the program.)* If I am currently under medical or mental health treatment or expect to be at the time of my participation in this program, I understand that I must disclose this information as a part of this application process, and attach a letter from my health care provider explaining my condition, current treatment, and ability to participate in this program, with or without accommodation. I understand that it is my responsibility to have adequate health and accident insurance coverage at all times while participating in this program, either through a college/university student insurance policy or through another insurance policy, and that this coverage must be demonstrated to the Shepherd Internship Program Director. I agree to advance all necessary medical expenses. I further agree that if I should be unable to procure adequate health and accident insurance coverage to be in effect at all times while participating in this program, I assume complete financial responsibility for any medical expenses that arise during my participation in this program and I understand and agree that neither my college/university, the Shepherd Internship Program, my internship/agency, nor Washington and Lee University, shall be responsible for the payment of any medical expenses on my behalf. Should I require any medical treatment while on the program I grant [the Shepherd Internship Program Director or my college/university full authority to consent to whatever action they feel is warranted under the circumstances regarding my health and safety, including medical treatment or evacuation, all at my expense.

Insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian (only for participants under 18 years of age)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_