



Enterprise Mobility Internship Grant Waiver

I _____ understand and acknowledge that my participation in the Enterprise Mobility Internship Grant program is totally voluntary. In consideration of the University's agreement to provide me funding to participate in the Internship, the receipt and sufficiency of which consideration is acknowledged, I agree as follows:

1. I acknowledge and accept that there are certain risks, both known and unknown, including serious bodily injury, illness, infection (including by COVID 19), disease and death that may result from my participation in the Internship that will include travel. I knowingly and voluntarily agree to assume the risks of these inherent dangers in consideration of the University's permission to allow me to participate in the Internship. **Initials:** _____

2. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, release, acquit and forever discharge the University, and its employees, students, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever, including liability for the University's own negligence, for any and all damages, losses or injuries to persons and/or property, including death, mental anguish or emotional distress, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and medical expenses and deductibles) and/or attorneys' fees, which arise out of or result from my participation in the Internship. **Initials:** _____

3. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, agree to indemnify, defend and hold harmless the University, and its employees, students, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage they or any of them may incur or sustain as a result of any claims, demands, actions, causes of action, judgments, costs or expenses, including attorneys' fees, which result from, arise out of or relate to my participation in the Internship. **Initials:** _____

4. I hereby consent to any publicity, including the University's use of my name and likeness, and waive any right to inspect and/or approve the final production of such photographs and/or videos that may be used in connection with my participation in the Internship. **Initials:** _____

5. I acknowledge and accept that the University reserves the right to require me to submit to health screenings prior to, during, or after the Internship or related travel in the University's discretion. Refusal to submit to such screenings will result in a denial of entry or removal from the Internship. The University reserves the right to refuse to admit into or eject me from the Internship or related travel on the basis of demonstrated or suspected illness. **Initials:** _____

6. As a condition of the receipt of University funding in connection with the Internship, I agree to comply with the terms and provisions outlined in the University's Highlander Works Funding Guidelines. **Initials:** _____

7. In signing this Waiver, Release and Indemnification Agreement, I acknowledge and represent that I have read this entire document, that I understand its terms and provision, that I understand it affects my legal rights, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Name: _____

Date: _____

Signature: _____