

## George Mason University Consent Agreement

Students participating in a for-credit internship must sign this Consent Agreement, to indicate agreement with the terms and conditions of the Agreement and permission to participate.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

School: School of Recreation, Health, and Tourism Concentration: \_\_\_\_\_

I am voluntarily participating in a George Mason University for-credit internship, and I understand that any such internship program involves some element of risk. I agree that in consideration of George Mason University sponsoring this activity and allowing my participation, I (including my parents, guardians, and legal representatives) will release, indemnify, and hold harmless George Mason University, and its Trustees, officers, employees, faculty, agents, successors, and assigns from liability for any and all claims, demands rights or causes of action, present or future, resulting from or arising out of any activity or travel conducted by or under the auspices of the George Mason University Internship/Externship Program.

I understand that the University requires that all students be covered by appropriate accident and medical insurance and that the student be financially responsible for such expenses. My signature below verifies that I am covered by such insurance.

I hereby grant George Mason University the absolute and irrevocable right and permission, with respect to photographs taken or made of me or in which I may be included with others; to use, re-use and publish the same in whole or in part in any and all media including use on the world wide web, now or hereafter, and for any purpose whatever the illustration, promotion, art, recruitment, publication, and advertising. I also grant George Mason University all rights of copyright to such photographs and images, and all rights to publish, market, or assign such photographs and images without compensation or report to me.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Student Name

\_\_\_\_\_  
Semester/Academic Year

\_\_\_\_\_  
Signature of Parent or Guardian  
(If Student is under the age of 18)