

RELEASE FROM LIABILITY

I, _____, a student from _____, will be participating in a non-paid internship experience with the Department of Health. In consideration of the educational experience I will receive by participating in the internship, I agree to the following:

1. My participation in the non-paid internship does not give me the status of an employee or agent of the Pennsylvania Department of Health or the Commonwealth of Pennsylvania.
2. By signing this document, I agree to release the Commonwealth of Pennsylvania from any liability arising from my activities and work as a participant in the internship. This release also applies to my heirs, executors, or administrators who could bring a legal action in my place. By releasing the Commonwealth from liability, I also release its agents and employees from liability. This release covers all causes of action, lawsuits, awards for damages, judgments, claims, or demands which arise from my activities and work in the internship.

Witness Signature

Date

Witness Signature

Date

Student Signature

Date

Parent/Legal Guardian Signature

Date