



WHITWORTH
AN EDUCATION OF MIND AND HEART

Experiential Learning and Internship Program Risk Assessment and Liability Form

It is our hope that your internship experience will be a rich educational experience for you, as well as a productive time for the people whom you will serve. To that end, as you enter the community in the context of a Whitworth class or program, you assume a number of responsibilities. The University, the agency for which you are working, and the people whom you serve count on you to work to the best of your ability in a professional manner. Thus, it is important for you to know the basics about four essential areas: confidentiality, professional behavior, liability, and health insurance.

Confidentiality: As you may already know, professionals in many fields are obligated to maintain confidentiality between themselves and their clients or patients. Do not use specific names in any reflection on your experience without their explicit written permission. If you plan to use photography, please speak to your supervisor for permission.

Observing/Experiencing Unethical, Illegal or Immoral Conduct: It is unlikely, but it is possible you may witness, hear or experience something (e.g., child abuse) that is illegal or immoral. Because of the confidentiality rules mentioned above, decisions about what to do may be complex. The one essential rule is this: do not try to solve the problem alone or ignore it. Instead, consult with a site supervisor, and notify your college instructor or Internship Director to work out an appropriate response together.

Liability: Hopefully, you will not encounter any unreasonable risks as you work off site. In order to protect yourself against the possibility of accident or injury, pay careful attention to the information offered in any orientation session, and know your limits. If you have any doubts about the safety of an expectation on site, consult with your site supervisor and/or the Internship Director to assess the risks of action.

Health Insurance: Whitworth requires all undergraduate students to be enrolled in a health insurance program. If, for any reason, you believe you may fall outside of these parameters, please notify the Internship Director immediately and take steps to procure insurance.

I, _____, have read and understand the above policies and agree to act according to these expectations. I am at least 18 years old and assume responsibility for risks (including, but not limited to working with people, participating in cleaning and maintenance projects, transportation), and waive any and all claims against Whitworth University. I also agree that this waiver shall be governed by Washington substantive law without regard to the principles of conflicts of law, and that any litigation related to the enforceability of this waiver or the _____ (name of internship site)

in _____ (semester and year) will be brought in the County of Spokane, State of Washington. I am not an employee of Whitworth University for this function, and acknowledge that worker's compensation benefits do not apply to me. Also, in the case of any medical emergency, I hereby give my permission to receive medical treatment.

Signature: _____

Date: _____