



Mt. San Antonio College
Work Experience Program Waiver,
Release, and Indemnity Agreement

Student Name: _____
Student I.D. No.: A _____

- Checking this box certifies that Work Experience is on Mt. San Antonio Campus. (Do not complete this form)
Checking this box certifies that the employer provides worker's compensation benefits to paid work experience participants. (Do not complete this form)

For and in consideration of permitting the undersigned Mt. San Antonio College (District) student to enroll in and participate in the district's non-paid work experience program given by _____, (name and address of the company student will be working for, and the period of time involved, hereafter known as "The Company") the undersigned student or parent/guardian does hereby voluntarily release, discharge, waive and relinquish any and all rights to actions or causes of action against "The Company" and District, its officers, agents, employees, and volunteers for bodily injury, personal injury, property damage, or wrongful death as a result of the his/her participation whether incidental or not, to the district's non-paid work experience program.

The undersigned student or parent/guardian further agrees to defend, indemnify, and hold harmless "The Company" and District, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim of liability for bodily injury, personal injury, property damage, or wrongful death, sustained or claimed to have been sustained, arising from activities of "The Company" and District or those of any of its officers, agents, employees and volunteers, whether such act is authorized by this agreement or not.

The provisions of this agreement apply to any damage or loss cause by the negligence of "The Company" and District, or any of its officers, agents, employees or volunteers. It is the intention of the undersigned student or parent/guardian by this agreement, to exempt and release "The Company" and District and its officers, agents, employees and volunteers for any and all liability caused by negligence.

All students participating in the work experience/internship program will be covered by the district's workers' compensation program for any injuries they may sustain while in the course and scope of their work experience/internship as an unpaid intern/volunteer student while on premises at "The Company".

The undersigned student or parent/guardian acknowledges that he/she has read the foregoing four paragraphs, has been fully advised of, and has a complete understanding of the legal consequences of signing this agreement.

Student Name: _____ Parent/Guardian Name: _____
(Please Print) If Under 18 years old (Please Print)

Student Signature: _____ Date: _____
If you are under 18 years of age, parent signature is required.

Parent/Guardian Signature: _____ Date: _____
If Student Under 18 years old

Witnessed By: _____ Date: _____
If Student Under 18 years old