



Student Name: _____ Student ID#: _____

Term: _____ Year: _____

Work Experience Program Waiver, Release, and Indemnity Agreement

Section A Complete for Work/Internship at a Paid Site or on Mt. SAC Campus Only

I certify that (Check one only):

- ☐ The employer provides worker's compensation benefits to **paid** employees
- ☐ I am an **independent contractor** or **self-employed** and understand that I am responsible for insurance coverage
- ☐ Work Experience is **on Mt. San Antonio Campus**

Section B Complete for Non-paid Site Only

- ☐ I certify that Work Experience is **unpaid off campus**

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 of Company/Site

Physical Site Address Including Zip Code

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/Site" 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/Site" 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/Site" 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/Site" 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/Site" 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/Site".

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.

Section C Acknowledgement

By signing below I acknowledge that the above statements are factual.

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

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
Parent Signature is Required if Student is Under 18 Years Old