STUDENT WAIVER
MACALESTER COLLEGE INDEPENDENT STUDY/INTERNSHIP

THIS IS A RELEASE. PLEASE READ IT CAREFULLY.

I, ____________________________________________________________,
(student's name - please print)
a student at Macalester College, planning to conduct independent research and/or an internship on
____________________________________ in _____________________________________,
(title of project) (location)
understand the following conditions on my participation:

1. Macalester College itself does not control the way in which this educational opportunity is
   structured or operates. In granting credit for this internship/independent project, the College
   affirms that, to the best of its judgment, the experience is an appropriate curricular option for
   students in a liberal arts program of study and worthy of Macalester credit but makes no other
   assurances, expressed or implied, about the travel and living arrangements the student has
   made.

2. Macalester College does not knowingly approve opportunities which pose undue risks to their
   participants. However, any internship/independent study or travel carries with it potential
   hazards which are beyond the control of the College and its agents or employees.

I have sufficient health, accident, disability and hospitalization insurance to cover me during
participation in my independent study opportunity, and I recognize that Macalester College does not
have an obligation to provide me with such insurance.

I assume full responsibility for any undisclosed physical or emotional problems that might impair
my ability to complete the experience, and I release Macalester College from any liability for injury
to myself or damage to or loss of my possessions caused by acts of God or by situations beyond the
control of Macalester College.

My signature below signifies that I have read the foregoing release and agreement and accept the
conditions stated therein.

Signature of Student: ________________________________________________

Date: ________________________________
PARENT WAIVER
MACALESTER COLLEGE INDEPENDENT STUDY/INTERNSHIP

THIS IS A RELEASE. PLEASE READ IT CAREFULLY.

_________________________________________
________, a student at Macalester College

(student's name - please print)

has sought my permission, as his/her parent or guardian, to conduct independent research and/or an internship on

______________________________ in______________________________________

(title of project) (location)

approved for academic credit by Macalester College:

My permission is hereby granted for my child or ward's participation in this project, with the understanding that Macalester College does not knowingly approve projects which pose undue risks to their participants but that any internship and/or independent study or travel carries with it potential hazards which are beyond the control of the College and its agents or employees and that Macalester College itself does not control the way in which this educational opportunity is structured or operates.

I agree that I will not hold Macalester College or its officers, employees, agents, or trustees responsible for any acts of God or events beyond its control with respect to my child or ward's participation in this internship and/or independent study. I further agree that I will not hold Macalester College liable for any harm suffered by my child or ward if said child or ward was not following or obeying rules laid down by the sponsoring organization or Macalester College.

I have read and understand the terms and conditions of this release and I agree and subscribe to them. My signature below also signifies that my child or ward has sufficient health, accident, disability and hospitalization insurance to cover him or her during participation in this internship and/or independent study opportunity.

I further state that I have read the terms of the release and agreement attached hereto that has been signed by my child or ward, with my permission, and I agree to be bound by the same terms and conditions as if I myself had signed it.

Signature of parent or guardian: __________________________________________________

Printed name of parent or guardian: _______________________________________________

Date: ______________________________

(This waiver must be completed by the parent or guardian of any student who is still considered a dependent for federal income tax purposes or financial aid. In lieu of a signed document, we can accept an emailed approval sent to Internship Director Michael Porter (porter@macalester.edu).)