



U.S. Committee for Refugees and Immigrants Internship and Volunteer Program Assumption of Risk, Waiver, and Release of Liability

This Assumption of Risk, Waiver, and Release of Liability is a legal agreement executed in favor of the U.S. Committee for Refugees and Immigrants (USCRI), its field offices, trustees, directors, offices, employees and agents. Please read this document carefully before signing.

I, _____, acknowledge that I freely agree to participate in USCRI's Internship and Volunteer program. I understand that I am not an employee of USCRI and that I will be acting strictly as an intern or volunteer at all times without expectation of remuneration from USCRI or any client of USCRI for any services I provide as an intern or volunteer. I further agree and understand as follows:

General Waiver and Release of Liability

I understand that my participation as an intern or volunteer is not covered by workers compensation or other USCRI insurance. I hereby release, waive and discharge USCRI, its trustees, officers, agents and employees from any and all liability, claim, damages, and losses arising out of or in connection with my intern or volunteer experience, including, without limitation, any loss, damage or injury arising while traveling to and from cities and towns within and outside of the United States of America, or arising from delayed or changed departure or arrival, missed carrier connections, weather, strikes, acts of God, force majeure, civil unrest, war, terrorism, quarantine, criminal activity, accident, sickness, injury or death or other circumstances, that may be sustained by me or to any property belonging to me while participating in USCRI's Internship and Volunteer program.

Medical Treatment

I understand that USCRI does not provide health insurance to interns or volunteers. I therefore certify that I carry valid and current health insurance that will cover medical services that might be necessary due to accidents, illnesses, or injuries I may face while participating in USCRI's Internship and Volunteer program. I agree that I will not participate in USCRI's Internship and Volunteer program should I become uninsured.

Substance Abuse

USCRI policies strictly prohibit the use of, or dealing in, any illegal drugs or other controlled substances at any time. It is also against USCRI's policy to permit the participation of interns or volunteers in USCRI's Internship and Volunteer program while impaired by drugs, alcohol, or other controlled substances.

Assumption of Risk

I recognize that there may be unavoidable and unforeseeable risks involved in participation in any internship or volunteer program. I further agree that participation in any activity will be at my own discretion and judgment. I voluntarily assume the risk of injury or harm to my person or property during my participation in the USCRI Internship and Volunteer program. I understand that USCRI is not responsible for the acts or omissions of any third party.

Standards of Conduct/Discipline

I agree to become informed of and to abide by the policies and standards of the organization established for USCRI's Internship and Volunteer program including a confidentiality agreement. I agree to provide the

necessary authorization for USCRI to run a national background check (which will not include a credit check). I further understand that if my immigration status does not allow a screening to be performed or the screening produces results unacceptable to USCRI I may not be permitted to participate in USCRI's Internship and Volunteer program. This decision is at the sole decision of the President or Vice President of USCRI.

Driving while a USCRI intern or volunteer

Some interns or volunteers offer to drive clients to appointments or help them perform other life needs that require driving. I acknowledge by signing below that USCRI does not cover interns or volunteers or passengers while they are driving and that I indemnify and hold USCRI harmless against any and all liability imposed or claimed, including attorney's fees and other legal expenses, including all claims relating to the injury or death of any person or damage to any property.

I also acknowledge that I will always carry valid vehicle insurance and be willing to provide a motor vehicle driving record upon request.

It is my express intent that this Acceptance of Risk Agreement shall bind the members of my family, my heirs, and assigns. This agreement shall be construed in accordance with the laws of _____ (insert State) and supersedes any and all previous oral or written promises or agreements.

I am 18 years of age or older. I have read and fully understand the above Acceptance of Risk, Waiver and Release of Liability Agreement. I voluntarily sign this Agreement.

Inter/Volunteer name (please print): _____

Signature: _____

Date: _____