

Women_St 499 Special Problems

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Release of Liability

I understand that there are dangers of loss or injury inherent in the directed study activities that I am undertaking. The agency where I will do my internship has made clear to me particular risks which may be associated with my particular placement. In considering my participation in this activity, I assume all risks. I further release Washington State University, the Critical Culture, Gender, and Race Studies Department, the Women's Studies directed studies program, the agency, project or employer and their directors, volunteers, employees, or agents from all harm, injury, damage of every kind, whether foreseen or unforeseen, which may befall me while I participate in this activity. I further agree to save and hold harmless the above mentioned parties from claim by me, my family, estate, heirs or assigns.

My signature acknowledges that I have read this release of liability and assumption of risks. I sign voluntarily and realize I am limiting legal rights which may have otherwise been afforded me.

Signature _____ **Date** _____

Printed Name _____

I agree that if I am providing transportation to/from or during the course of a directed study, that I

- have in possession a valid driver's license,
- have minimum liability insurance as required by the State of Washington,
- will use a vehicle that meets safety standards,
- will not exceed passenger capacity for the vehicle.

Signature _____ **Date** _____

Printed Name _____

Driver's License Number _____ **State** _____

PLEASE READ, SIGN, AND RETURN TO THE CRITICAL CULTURE, GENDER, AND RACE STUDIES DEPARTMENT AT THE ABOVE ADDRESS.