

**LIABILITY WAIVER, ASSUMPTION OF THE RISK, AND
INDEMNIFICATION AGREEMENT**

In consideration for being allowed by NC State to participate in the job shadowing program (hereinafter "Program") the undersigned agrees as follows:

I do hereby affirm and acknowledge that I am participating in the Program for my own personal benefit, and have been fully informed of the inherent hazards and risks to me associated with this activity. I acknowledge that this is a voluntary extracurricular activity and that my participation in the Program is not mandatory. I accept and assume responsibility for all risks, known and unknown, involved to me and my property in the aforementioned activity, and I am voluntarily participating in reliance upon my own judgment and knowledge of my own experience and capabilities.

I understand that a determination of my ability to participate in the Program should be made by my physician if necessary. I understand that I need the approval of a physician if I am uncertain as to my physical fitness for the rigors of this Program. I understand that I may be required to seek approval from a physician if there is a health or safety question relative to my condition before being allowed to participate in the Program.

I shall indemnify and hold harmless NC State, its trustees, officers, employees and agents from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys fees, arising from or proximately caused by my participation in this Program, including any travel. I further agree to accept and assume for myself, my assigns, executors, and heirs any and all such risks and losses that may occur. I further acknowledge that I have comprehensive health insurance coverage that will be in effect throughout my participation in this Activity, and understand that treatment for any medical problems I may suffer is my responsibility and will be paid by me and/or covered by my insurance.

I have read the Program's rules and regulations and hereby accept the regulations of the Program described therein. I understand that the Program has the authority to establish and enforce other regulations in addition to these. As a condition of participating in the Program, I understand that I am subject to all rules, regulations, and requirements as to conduct at NC State, including the Code of Student Conduct and North Carolina laws.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

**I HAVE READ THIS AGREEMENT, I UNDERSTAND IT AND
I AGREE TO BE BOUND BY IT.**

Signature of Participant: _____

Date: _____

Printed Name: _____