

**WOSU INTERNSHIP
CONSENT, WAIVER AND RELEASE**

Print Full Name: _____ **Age** _____

Program Dates: _____

I the undersigned, hereby expressly and affirmatively state that I wish to participate in the WOSU Internship Program (“the Program”) for the period in the dates mentioned above. I agree that I will assume all risks associated with participating in the Program, including, but not limited to bodily injury, and that this assumption is acknowledged, approved, and agreed to as indicated by my signature hereto.

I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge WOSU Public Media, The Ohio State University, and its Board of Trustees, its respective entities, administrators, faculty members, employees, agents, physicians, and students from any claims that I might have myself with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising my participation in the Program. I recognize that this Release means that I am giving up, among other things, rights to sue WOSU Public Media, The Ohio State University or its Board of Trustees, its respective entities, administrators, faculty members, employees, agents, physicians or students for injuries, damages or losses that I may incur, in exchange for participation in the program.

I acknowledge and agree that I am at least 18 years old, am of sound mind, and have the capacity to sign a legally binding document. I further acknowledge I have read, understand, and agree to the terms and conditions of this Consent, Waiver, and Release and am doing so freely, without coercion or undue influence.

X _____
Participant Signature **(Date)**