

**East Tennessee State University
College of Public Health**

Students Participating in International Internships

DECLARATION OF RELEASE OF LIABILITY

I realize and acknowledge that my participation in this International Internship includes many risks and possible dangers to my person and property. I am well aware that my travel exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, other calamities, as well as local malpractice and legal risks.

I hereby voluntarily assume any such risks that might result from my travel, and I unconditionally agree to hold harmless ETSU, its officers, employees, or other agents or representatives, from any liability concerning my personal well-being, or any liability for my personal property that might be lost, damaged, or stolen while I am on this International Internship experience.

I have carefully read the foregoing, and I understand that my signature herein verifies my knowledge and acceptance of the above information and release of liability.

Signature of Student

Date

NOTARY