BGSU
Cooperative Education & Internship Program
322 Saddlemire Student Services at Conklin North
Bowling Green, OH 43403-0159
Tel: 419-372-2451 Fax: 419-372-2805

Liability Waiver / Credential Release

During my participation in the Bowling Green State University Cooperative Education & Internship Program, I for myself, my heirs, executors, administrators, and assigns, hereby waive and relinquish any and all rights, claims, or demands against Bowling Green State University and its employees should injury or death occur during my participation in the Cooperative Education and Internship Program. I further agree regarding the above consideration for myself, my heirs, executors, and administrators that I will not present any claim, or file any suit against Bowling Green State University or any University employee. I hereby attest and verify that I have full knowledge of the risks involved in my participation.

I further agree to indemnify (take personal and financial responsibility) and hold harmless Bowling Green State University and its employees harmless from any claim or suit arising out of any alleged malfeasance (wrongdoing, unjustified, harmful, contrary to law), misfeasance (wrongful exercise of lawful authority), nonfeasance (neglect), or any alleged acts or omissions constituting malpractice in connection with such an experience.

I understand that I will be supervised at the work site by my employer and have the right not to work in a hazardous environment. Also, I agree that my automobile liability insurance will be current/active if I am driving an automobile during my work assignment. I understand I can acquire professional liability insurance through Bowling Green State University if I so desire or if my work supervisor requests said insurance.

I hereby give the Cooperative Education & Internship Program Office at Bowling Green State University permission to release my transcript and other materials compiled by the Program Office, to potential employers for the purpose of evaluating my qualifications for employment.

Student Participation Agreement

I, _____ (print name), have received and read the Liability Waiver / Credential Release statement and the Cooperative Education & Internship Program Policies, and agree to abide by the same.

Signature: _____ Date: _____

Student ID: | | | | | | | | | | |