



Cornell University  
Cornell Career Services

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## Cornell EXTERN Program Student Release Indemnification and Hold Harmless Agreement

The following agreement is designed to inform and protect all participants in the Cornell Extern Program, herein called "Extern Program": the student, Cornell University, the Extern sponsor, the Extern organization, and individuals cooperating with this Program.

Student Name: \_\_\_\_\_ CU ID#: \_\_\_\_\_

Extern Organization: \_\_\_\_\_

Extern Sponsor's Name: \_\_\_\_\_

1. I acknowledge that my participation in this program is entirely voluntary and such participation will require transportation to and habitation in \_\_\_\_\_ and that my participation may subject me to risks relating to my personal health and safety. I further acknowledge that I am traveling at my own risk and will take all precautions that I deem necessary for my personal safety and well-being including but not limited to medical precautions as needed prior to the start of service (i.e., vaccinations, dental care, allergy medications, etc.).
2. I hereby agree to release, hold harmless, and indemnify Cornell University, its trustees, officers, directors, agents, and employees from any and all damages or claims of any nature whatsoever arising out of my participation in the Extern Program. On behalf of myself, my estate, assigns, and heirs, I do hereby indemnify and hold Cornell University, its trustees, officers, directors, agents, and employees harmless from any damage or liability incurred by Cornell or others as a result of my participation in this program for any costs or expenses including but not limited to hospital and medical expenses, legal and defense costs as well as settlements, judgments, fines, and penalties of any nature whatsoever which may be incurred as a result of my participation in this program.
3. I am aware that Cornell University and the EXTERN Program are not establishing an employer/employee relationship with the organization or me. I understand that I am personally responsible to resolve any and all problematic circumstances independent of Cornell University or the EXTERN Program.
4. If traveling outside of the United States, I will abide by the host country's laws and show good judgment toward cultural differences so as to maintain a harmonious international relationship. I understand Cornell University is not responsible for the defense of a student accused of a violation of laws of the host country or for the payment of any fines and penalties resulting from such violations.

5. I acknowledge that the University and I may reserve the right to make cancellations or changes in cases of emergency or in the interest of the EXTERN Program or sponsor.
6. As a person of integrity, I have estimated my costs to the best of my ability. I am aware that costs fluctuate and I am responsible for any and all expenses related to my externship. At the end of this externship, I will complete the required evaluation form.
7. As a participant in the EXTERN Program, I pledge to conduct myself in a manner that reflects favorably on Cornell University, the sponsoring agency, and the United States. I will act in a professional manner at all times, reflecting respect and responsibility in my externship position.
8. I acknowledge that the terms and conditions of this externship agreement and this release indemnification and hold harmless agreement are contractual in nature and not mere recital.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City, State Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

January Address: \_\_\_\_\_

January City, State Zip: \_\_\_\_\_

January Phone:(\_\_\_\_\_) \_\_\_\_\_ Dates of January Address: \_\_\_\_\_

Cornell E-mail Address: \_\_\_\_\_ January E-mail Address: \_\_\_\_\_

Extern Organization: \_\_\_\_\_

Extern Sponsor Name: \_\_\_\_\_

Externship Address: \_\_\_\_\_

Externship City, State Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

Witness Name (please print): \_\_\_\_\_ DATE: \_\_\_\_\_

**Return form to:** Rita Boratav, Cornell Career Services, 203 Barnes Hall, Cornell University,  
Ithaca, NY 14853