The University of the South

CAREER EXPLORATION AGREEMENT AND RELEASE

I,, am the recipient of car	reer exploration funding from The
University of the South ("University") to participate in a summer career exp	oloration ("Career Exploration"). I
acknowledge that my participation in the Career Exploration is voluntary. I unders	
employee of the University and am not entitled to wages or benefits. To assist with	h living expenses during the Career
Exploration, the University will provide a total stipend of \$	
• I agree to perform the tasks, projects or other assignments as proposed	, ,
application and to commit sufficient time each week as is necessary to time	ly complete these tasks or projects.
(initial here)	
• I agree to submit my final report by August 15 at midnight(initial here	
• I agree to ensure that my Career Exploration supervisor submits my eval	luation report to Sewanee Career
Readiness (initial here)	
• I understand that the final portion of my stipend (\$200) will be withheld by t	-
my final Career Exploration report and my Career Exploration supervisor ha	as submitted an evaluation of me to
Sewanee Career Readiness(initial here)	
• I agree to edit/correct my reports as requested by Sewanee Career Readiness.	·
 If I receive Tonya Public Affairs or Wilson Business funding, I agree to at 	
November (if I am enrolled in the University in the fall.)(initial here	· · · · · · · · · · · · · · · · · ·
• If I am on campus for research with Sewanee faculty, I agree to participate i	<u> </u>
Fellowship (SURF) programming through the Office of Undergraduate F	Research and Scholarship (OURS)
(initial here, or write N/A if not applicable)	
• I give my consent to the University to release my final report, my name, image	4 0 1
, and other information about my Career Exploration for University's publicity	· · · · · · · · · · · · · · · · · · ·
• I will immediately notify Sewanee Career Readiness of any changes	in my Career Exploration plans.
(initial here)	
 I understand that if I leave my Career Exploration early, I will notify Sewanee 	-
that I may be required to reimburse the University billed for the remaining we	
 I agree to meet or exceed the expectations of my supervisor, and if for ar 	-
Career Exploration during the summer for not fulfilling my assigned duties	•
reimbursing the remainder of my Career Exploration stipend back to the U	niversity by September 1
(initial here)	
• I understand the Career Exploration stipend may be considered taxable incon	ne and thus reportable as such to the
Internal Revenue Service (initial here)	

ACKNOWLEDGEMENT OF RISK; WAIVER AND RELEASE OF LIABILITY; HOLD HARMLESS

I state that I am at least eighteen (18) years of age and fully competent to sign this Agreement; and that I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by the same.

I have chosen my Career Exploration sponsor and I understand that the University does not require me to participate in this Career Exploration, but I want to do so, despite the possible dangers and risks, including those associated with COVID-19 or other illness or injury

I understand that it is my responsibility to consult a physician as I deem appropriate prior to participation. By signing this Agreement, I assure the University there are no health-related reasons or problems which preclude or restrict

my participation in this Career Exploration, and that I have adequate health insurance necessary to provide for and pay any medical costs I may incur as a result of illness or injury to me.

I understand that the University in no way represents or acts as agent for transportation carriers, hotels, and other suppliers of services connected with my Career Exploration, all of which I selected, and I agree that the University, its governing boards, employees, and agents are not responsible or liable for any injury, damage, loss, accident, delay or other irregularity which may be caused by any company or person engaged in providing or performing any services involved in my Career Exploration.

I fully understand and appreciate that there may be the dangers, hazards, and risks inherent in the Career Exploration which could include serious or even mortal injuries and property damage. Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the Career Exploration, on behalf of myself, my family, heirs, and personal representative(s), I agree to assume all the risks and responsibilities surrounding my participation in the Career Exploration and in any activities undertaken related thereto, and in advance release, waive, forever discharge, and covenant not to sue the University, its governing boards, officers, agents and employees (hereafter called the "Releasees"), from any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the Career Exploration, or any adjunct to the Career Exploration, occurs or is being conducted.

It is my express intent that this release and hold harmless agreement shall bind the members of my family, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family, arising out of my participation in the Career Exploration.

I further agree that this Agreement shall be construed in accordance with the laws of the State of Tennessee. If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

In signing this Agreement, I acknowledge and I have fully informed myself of the content of the foregoing waiver of liability, release and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representation, statements, or inducements, apart from the foregoing written statement, have been made.

IN WITNESS WHEREOF, I have executed this release this _	day of	, 20
	Signature	
	Banner number	