



GEORGETOWN UNIVERSITY

Georgetown University Student Employment Office

Acknowledgement and Assumption of Risk

Georgetown University Student Employment Office
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Note: Must be signed by student employee; electronic signatures are permitted

Dear Student:

Prior to your participation in the Off Campus Federal Work Study (FWS) Program, Georgetown University wishes to reinforce to you that there are risks inherent in any off campus activity. The University's Student Employment Office is available to provide you information about the risks associated with participation in the Off Campus FWS Program. If you have any questions or concerns about the risks related to participation that have not been answered, we encourage you to seek those answers before signing this document. Because almost all of the risks associated with participation are due to factors beyond the control of the University, Georgetown must require that you acknowledge that the University cannot assume responsibility for risks beyond its control by signing the liability waiver below.

Sincerely,
The Student Employment Office

It is imperative that you read this form carefully. Your signature constitutes your acceptance of the terms and conditions covered herein.

By signing below, I confirm that that my decision to participate in the Off Campus FWS Program is entirely voluntary. I acknowledge that I am not required by Georgetown University to participate in this program and that I am aware that my participation is not a condition of my enrollment or other affiliation with Georgetown University. I further understand that there are certain inherent risks associated with participation in an off campus activity. I am voluntarily accepting the risks associated with participation. I acknowledge that neither Georgetown University, nor any of its employees, can guarantee my safety in every situation. I understand that I bear full personal, legal, and financial responsibility for participation in the Off Campus FWS Program, including responsibility for all indebtedness or other legal obligations incurred during my participation.

I understand that Georgetown University can only accept responsibility for incidents that result from its sole negligence or intentionally wrongful actions. I agree to release and hold harmless Georgetown University, its employees, officers, agents, administrators and students from all other claims, actions, causes of action, suits, judgments and demands related to my participation in the Off Campus FWS Program.

Printed Name: _____

Signature: _____

Date: _____

(MM/DD/YYYY)