



## LIABILITY RELEASE

### I. PARTIES

1. It is understood that \_\_\_\_\_ (the Firm) is seeking to hire individuals (the INTERN) from a pool of applicants available to The Society of Iranian American Women for Education (SIAWE), Society of Young Professionals (SYP).

### II. RELEASE

2. In consideration for the applicant-intern-candidate-list provided by SIAWE, SYP, the Firm expressly agrees and contracts, on behalf of itself, its heirs, executors, administrators, successors, and assigns, that SIAWE, SYP and its insurers, employees, officers, directors, and associates, shall not be liable for any intentional, negligent, or accidental act or action undertaken by the INTERN; or any damages arising from injuries (including death) sustained by any of the Firm's agents, guest, employees in, on, or about the premises of the Firm's place of business as the result of any acts or omissions of the INTERN, regardless of whether such injuries result, in whole or in part, from the acts or omissions of the INTERN.
3. By the execution of this agreement, the Firm accepts and assumes full responsibility for any injuries, damages (both economic and non-economic), and losses of any type, that may occur as the result of the INTERN's conduct, and the Firm hereby fully and forever release and discharges SIAWE, its insurers, employees, officers, directors, and associates, from any claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from acts or omissions of the INTERN.

### III. INDEMNIFICATION

4. The Firm expressly agrees to indemnify and hold the SIAWE, SYP harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages caused, directly or indirectly, by INTERN.
5. The Firm agrees to be solely responsible for the safety and well-being of its guests, employees, and agents. The Firm understands that the SIAWE, SYP does not provide supervision, instruction, or assistance to the INTERN.

**I \_\_\_\_\_, AM THE \_\_\_\_\_ OF THE FIRM. I REPRESENT BY MY SIGNATURE THAT THE FIRM HAS GRANTED ME THE AUTHORITY TO SIGN THIS WAIVER. I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**