



**CLARKSON UNIVERSITY  
Cooperative Education Program  
Risk Form**

**Assumption of Risk, Release, and Agreement Not to Sue**

In consideration of Clarkson University accepting me into the Cooperative Education Program, I hereby assume all risks of injury which I understand are inherent in any work experience. I further release Clarkson University and its employees, trustees, and representatives from, and agree not to sue them for, any injury I may suffer while participating in the Program whether caused by their act or omission. I further understand that I may not be covered by the company's insurance policy or program while I am participating in the Cooperative Education Program, and I shall be responsible for procuring and maintaining any and all health, liability, and other similar insurance which I may desire, whether through Clarkson University or an independent insurance carrier.

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**Name (please print)** **Student Number**

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**Street Address** **Home Phone Number**

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**City** **State** **Zip** **Campus Phone Number**

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**I agree and consent to the above statement:**

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**Signature** **Date**

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