



Employability

Internship Release and Indemnification Form

Student Name			
Student ID			
Course			
Name of Internship Host			
Start Date		End Date	

I am aware that during Internship, certain risks and dangers may exist, including but not limited to the hazards of travelling, accidents or illness in remote places without medical facilities, the forces of nature and travel by air, train, automobile or other means.

I accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting from my participation in this Internship.

In consideration of approval to participate in this Internship, I, for myself, my heirs, next of kin, executors and assigns agree to hereby release and forever discharge the University, its officers, directors, employees and agents from any and all actions, claims and demands for damages, loss and injury, howsoever arising which now or may hereafter be sustained by me in consequence of my participation in the above noted Internship.

I agree to be accountable in all respects for my own conduct and all actions, claims and demands for damages, loss and injury which may arise as a result of my own conduct. I acknowledge and agree not to ask the University, its officers, directors, employees and agents to accept the consequences thereof and agree to indemnify the University, its officers, directors, employees and agents from any claims or demands which might be made against the University, its officers, directors, employees and agents arising out of or as a result of my own conduct.

If circumstances arise which the University, in its sole discretion considers to be an emergency, I authorize the University to disclose any of my personal medical, health or contact information, as appropriate.

I declare that I have read and understood the above Internship Release and Indemnification Form in its entirety and I hereby agree to be bound by the terms and conditions. I am aware that by signing this agreement, I am waiving certain legal rights which I, my heirs, next of kin, executors and assigns may have against the University, its officers, directors, employees and agents.

Student Name	Witness Name <i>*Employability</i>
Signature:	Signature:
Date:	Date: