

Student Internship Waiver and Liability Release Form

Please read this document carefully. By signing this document, you are waiving certain legal rights, including the right to sue.

1. Student Information

Full Name:

Student ID Number:

Academic Major:

Email Address:

Phone Number:

2. Emergency Contact Information

Emergency Contact Name:

Relationship to Student:

Emergency Phone Number:

3. Internship Site Information

Host Organization/Company:

Site Supervisor Name:

Internship Start Date:

Internship End Date:

4. Waiver and Release of Liability

I, the undersigned student, understand that participating in this internship is voluntary. I acknowledge that there are potential risks associated with my participation in this internship, which may include, but are not limited to, property damage, personal injury, or illness.

In consideration for being permitted to participate in this internship program, I hereby assume all risks associated with my participation. I release, waive, discharge, and covenant not to sue the educational institution, its trustees, officers, employees, and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity.

I sign this document voluntarily and with full knowledge of its significance.

5. Acknowledgment and Signatures

Student Signature:

Date Signed:

If the student is under 18 years of age, a parent or legal guardian must also sign below:

Parent/Guardian Name:

Parent/Guardian Signature:

Date Signed: