

## Agricultural Internship Approval

Agriculture – AGRI 389

Agricultural Engineering Technology - AGET 389

Agricultural Business – ABUS 389

Animal Science – ANSC 389

Plant and Soil Science - PSSC 389

Term:

Year:

### **Section I: Student Data**

Name:

Student ID:

Email:

Telephone:

Primary Emergency Contact:

Relation:

Daytime Telephone:

Cell Phone:

Secondary Emergency Contact (optional):

Daytime Telephone:

Cell Phone:

### **Section II: Internship Site (Provide Physical Address; P.O. Box not accepted)**

Company Name:

Address:

City:

State:

Zip:

Principal Business:

Supervisor:

Email:

Phone:

Expected Start Date:

Expected End Date:

Estimated total hours:

Is this a paid internship?

Yes

No

The internship site has agreed to accommodate the accessibility needs of the student intern.

Yes

No

N/A

**Section III: Learning Objectives**

Identify three measurable Student Learning Objectives (SLOs) for the internship experience. These must be agreed upon with the supervisor who will be responsible for assessment at the end of the internship. Note that the objectives may be modified during the course of the internship based on employer needs. Objectives should read... "Student will (insert verb such as apply, analyze, identify, evaluate, plant, harvest, operate, etc.) \_\_\_\_\_." Please provide a very thorough description of what student should know and/or do.

Learning Objective 1:

Learning Objective 2:

Learning Objective 3:

**Section IV: Approvals**

Student:	Signature:	Date:
Supervisor:	Signature:	Date:
Instructor:	Signature:	Date:

**Section V: Site Assessment**

This section is to be completed by a representative of the internship site. Questions should be directed to the CSU Chico Office of Risk Management, 530-898-6588, risk@csuchico.edu.

The internship site agrees to provide student intern appropriate and necessary training for the work environment. This encompasses health, safety, and emergency procedures, including COVID Centers for Disease Control and county health department guidelines. If No, employer should contact Risk Management.      Yes      No

The internship site agrees to provide training and personal protective equipment when student interns work with any hazardous materials or machinery. If No, employer should contact Risk Management.      Yes      No

Will the student intern work unsupervised with minors? If Yes, employer should contact Risk Management.      Yes      No

Does the internship site carry general liability insurance? If No, employer should contact Risk Management.      Yes      No

Name:

Signature:

Title:

Date:

Authorized Signatory (if different than above):

Title:

Email:

Phone:

Signature:

Date:

# Release of Liability, Promise Not to Sue, Assumption of Risk & Agreement to Pay Claims

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Activity:

Activity Date(s) and Time(s):

Activity Location(s):

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Chico; University Foundation; and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*If participant is under 18 years of age, see next page\*\*\***

***If Participant is under 18 years of age:***

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

\_\_\_\_\_  
Name of Minor Participant's Parent/Guardian (print)

Date

\_\_\_\_\_  
Minor Participant's Name