

**CSU, CHICO ENGLISH DEPARTMENT  
INTERNSHIP FORM  
ENGL 489, 689, 689T**

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Course Number: \_\_\_\_\_ Units: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Total planned number of Internship Hours: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Title of Internship: \_\_\_\_\_

Location of Internship: \_\_\_\_\_

Supervisor of Internship: \_\_\_\_\_

Internship Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This internship is:    Non-paid                       Paid                       Salary per hour: \_\_\_\_\_

On-campus internship *or*  Internship Site Assessment Report filed

Does the student require any ADA Accommodations?  No                       Yes (contact ARC X5959)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Program Advisor's Signature

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Department Chair's Signature

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



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, [campus name] 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: \_\_\_\_\_