



Section I: Student Data

Student's Name: _____ Student ID: _____

Major: _____

Email: _____ Telephone Number: _____

Section II: Student Emergency Contact Information

Primary Emergency Contact: _____ Relation: _____

Telephone Number: _____ Cell Phone Number: _____

Secondary Emergency Contact (optional): _____ Relation: _____

Daytime Telephone: _____ Cell Phone Number: _____

Section III: Learning Site

Learning Site: _____

Primary Nature/Business of Learning Site: _____

Internship Address: _____

Student Intern Supervisor: _____

Email: _____ Telephone Number: _____

Section IV: Course Data

Course Number and Name: _____ Faculty Name: _____

Faculty Daytime Telephone: _____ Cell Phone Number: _____

Faculty email address: _____

Section V: Internship Data

Internship Position Title and Description:

Educational Objectives:

Learning Activities (How will student accomplish the educational objectives? Discuss projects, readings writings and other responsibilities of the position):

Work Supervisor Evaluation (How often will student be evaluated by the site supervisor?
Frequency (Monthly/Weekly/Daily) and by what method:

This internship is: Non-paid Paid Salary per hour: _____

Total Planned Number of Internship Hours: _____ Start Date: _____ End Date: _____

Does the student require any ADA Accommodations? Yes No
(if yes, contact Accessibility Resource Center)

I have reviewed and approve the Learning Plan set forth above.

Faculty Signature: _____ Date: _____

Chair Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

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: _____

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