

## **Student Internship Release and Indemnity Agreement**

**Students must submit this completed form to their Faculty Advisor when registering for credit.**

I, \_\_\_\_\_, ID # \_\_\_\_\_ am a student at Methodist University and plan to complete a credit internship in the **FA**\_\_\_\_\_, **SP**\_\_\_\_\_, **SU**\_\_\_\_\_, of **20**\_\_ at the following location:

**In granting academic credit for this internship**, the University asserts that, to the best of its knowledge and judgment, the experience is an appropriate curricular option for students in a liberal arts program of study and worthy of Methodist credit. Methodist University makes no other assurances, either written or applied, regarding travel and/or living arrangements, the student has made concerning this internship. Methodist University does not knowingly approve internship opportunities that pose undue risks to student participants. However, any internship or travel carries with it potential hazards which are beyond the control of the University and its given agents or employees.

**STUDENT INSURANCE COVERAGE:** I have sufficient health, accident, disability, and hospitalization insurance to cover me during my internship; I further understand that I am solely responsible for the cost of said insurance and for the expenses not covered by the insurance, and I recognize that Methodist University does not have an obligation to provide me with such insurance. In addition, I assume full responsibility for any undisclosed physical or emotional problems that might impair my ability to complete this internship experience, and I release Methodist University from any liability for injury to myself, damage to, or loss of my possessions, or any injury or damage I may cause to third parties during the course of my internship.

**PERSONAL CONDUCT:** The University holds students responsible for knowing the policies as set forth in the University catalog and Student Handbook. These policies are not an end in and of themselves; however, they exist to facilitate the educational process, of which, academic internships are an integral part. As a student of Methodist, I agree to adhere to the student code of conduct established by the University and understand that an off-campus internship may require additional standards of professional decorum as well. Therefore, I indicate my willingness to understand and conform to the professional standards of the internship site as well as to the policies of the University code of student conduct. I agree that should the University and/or its agents interpret my conduct as a violation of the student code and/or as compromising to the reputation of Methodist University, or my Faculty Advisor can and will terminate my internship experience. In addition, I understand that this decision will be final and may result in the loss of academic credit.

**GENERAL RELEASE:** I understand that I am to meet with my Faculty Advisor as set forth within the terms of my Learning Agreement. I understand that I am to inform my Faculty Advisor immediately regarding serious problems, including but not limited to physical, safety, harassment, and personnel issues involving my internship site. I understand that Methodist University reserves the right to make cancellations, changes, or substitutions in cases of

emergency or altered conditions or in general interest of the internship program. I understand that my Faculty Advisor may take any actions deemed warranted under the circumstances to protect my health and safety and/or to guard the integrity of the Internship program, including termination of the internship experience. It is further agreed that I shall undertake the internship site and its use of any/all facilities at my sole risk. Methodist University shall not be liable for any/all claims, demands, injuries, damages, actions, or causes of actions, whatsoever to me or my property stemming from or connected with the internship and with the use of any/all services, facilities associated with the internship. Accordingly, I forever release, discharge and covenant not to sue Methodist University, its governing board, representatives, employees, and/or agents as to any and all liability that may arise out of any injury to myself or others or property damages, resulting from my participation in this internship. Furthermore, I forever indemnify and hold harmless Methodist University, its governing board, representatives, employees and/or agents for any claim or damages to myself or others or property damages resulting from my actions and omissions in regards to my participation in this internship and/or resulting from the actions or omissions of third parties not controlled by or subject to the control of Methodist University..

I understand that this internship is offered by Methodist University as a curriculum option and is thereby taken for academic credit, requiring my completing academic assignments and paying tuition for credits earned. In accordance with and pursuant to relevant and applicable laws and regulations, I authorize Methodist University to release to potential internship sites information and all supporting documents (resume, grade transcript, and academic advisor reference) when, in their judgment, it will be relevant to possibly securing a site. If I have a disability or limitation, I agree to cooperate in providing any necessary information to the University Disability Services Office so that the internship site can be aware of any needed reasonable accommodation for my participation in an internship experience. I certify that I have personally completed this release and that the information I am providing is complete, accurate, and given in good faith.

**Student Name (Please Print):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

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