Contract/Waiver Liability

Student: ______________________________________________________

Panther #: ___________________________________

Agency: ___________________________________

Agency Supervisor: ____________________________

Email: _________________________________ Telephone: _________________________________

Total Hours Completed: ________________

Start Date: ________________ End Date: ________________

Job Description: (Please list the specific duties – attach separate sheet if necessary)

Waiver of Liability

The undersigned student agrees to waive all liability of the agency and assume personal responsibility for participation in any job related activity, on or off the premises of the agency, which, may involve risks of physical injury, illness, death or loss of personal property. The undersigned student further acknowledges that his/her health is appropriate for the expected job activities. Finally, the undersigned agrees to abide by all rules, regulations and policies that pertain to specific activities with the internship setting.

In signing this application, individuals certify that they have read, understand and accept all terms and conditions contained within this contract.

Student: ________________________________

Agency Supervisor: ____________________________