

STUDENT INTERNSHIP WAIVER OF LIABILITY

Name: _____ Student ID#: _____

Internship Site: _____

Supervisor's Name: _____ Title: _____

Address: _____

City, State & Zip: _____

Date(s) of Internship: Begin: _____ End: _____

PLEASE READ CAREFULLY:

Agreement -

I agree to complete the student assignments and responsibilities identified below:

- ✓ Dress appropriately and conform to the standards of conduct required at my internship site.
- ✓ Follow workplace safety and security policies and procedures.
- ✓ Actively participate in the activities structured by my workplace supervisor.

General Release -

I certify that I am of legal age (18), and acknowledge that I have voluntarily chosen to participate in the Illinois Valley Community College Internship Program. I understand and agree to assume responsibility for all risk of theft, loss, damage of personal property, injury, or death that occurs at any time arising out of my participation in the activity. I understand that as a condition of participation in the activity, I agree to release from liability and to indemnify Illinois Valley Community College for any damage, injury, or death to myself or to any person or property in any way connected with my participation in the activity.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Please return signed form to:
Illinois Valley Community College
815 North Orlando Smith Road
Oglesby, IL 61348

Attention: Career Services
CTC-202A
815.224.0502

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