

**COLLEGE OF SAINT BENEDICT/SAINT JOHN'S UNIVERSITY
INTERNSHIP AGREEMENT AND RELEASE**

NOTE: STUDENTS MUST SUBMIT THIS COMPLETED AGREEMENT TO THE INTERNSHIP COORDINATOR PRIOR TO COMMENCEMENT OF THE INTERNSHIP IN ORDER TO BE ELIGIBLE FOR CREDIT.

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I, _____, am a student at the College of St. Benedict /St. John's University, and plan to participate in an internship during the fall or spring semester or summer 20____, with the following organization:

_____.

(Name)

(Address)

I understand that the College of St. Benedict/St. John's University does not control the way in which the internship work experience and the internship host is structured or operates. Granting academic credit for this internship is within the sole discretion of the College of St. Benedict/St. John's University. The College of St. Benedict/St. John's University affirms that, to the best of its judgment, the experience is an appropriate curricular option for students in their chosen course of study, and is worthy of academic credit from the College of St. Benedict/St. John's University. However, the College of St. Benedict/St. John's University makes no other assurances, express or implied, about the organization or program or about any travel and/or living arrangements the Student has made in order to participate in the internship. While the College of St. Benedict/St. John's University does not knowingly approve internship opportunities that pose undue risks to student participants, any internship or travel carries with it potential hazards which are beyond the control of the College of St. Benedict/St. John's University and their respective agents or employees. By signing this Agreement, I acknowledge my responsibility to ascertain the nature of those risks to the best of my ability and to conduct myself with reasonable care.

I have sufficient health, accident, disability, and hospitalization insurance to cover me during the internship, and I further understand that I am responsible for the cost of such insurance and for the expenses not covered by insurance. I recognize that the College of St. Benedict/St. John's University does not have an obligation to provide me with insurance coverage or reimbursement for medical care. I understand that the College of St. Benedict/St. John's University assumes no liability for personal injury or illness that I may suffer in the course of my internship.

Moreover, I agree that the College of St. Benedict/St. John's University has no liability for personal injury or property damage that may result from the my use of my own vehicle or the organization's vehicle for the benefit of the organization/agency with whom I perform my internship. In addition, I agree that the College of St. Benedict/St. John's University is not responsible for any lost, stolen or damaged personal property.

I will participate in the internship, and travel to the internship host's facility, and use the internship host's facilities at my sole risk. I hereby acknowledge that the College of St. Benedict/St. John's University shall not be liable for any claims, demands, injuries, damages, actions, or causes of action, whatsoever to me or to my property arising out of or in connection with the internship and with the use of any and all services or facilities associated with the internship, whether or not sponsored by the College of St. Benedict/St. John's University. I hereby release, discharge, and covenant not to sue the College of St. Benedict/St. John's University, their respective governing boards, employees, or agents as to any and all liability that may arise out of any injury or harm, death or property damage resulting from my participation in the internship, excepting only liability due to the misconduct of the College of St. Benedict/St. John's University. I further agree to indemnify and hold harmless the College of St. Benedict/St. John's University from any and all liability, loss, damage, or injury incurred by me while participating in the internship.

I am over the age of eighteen (18) and competent to sign this Agreement. Further, I warrant that I have disclosed all relevant, pertinent information that could affect my ability to successfully complete the internship. I understand that an off-campus internship requires certain standards of professional decorum, and agree that should the Internship Coordinator decide that I must be terminated from my internship because of conduct that might bring the organization into disrepute, or the internship into jeopardy, or adversely affect the College of St. Benedict/St. John's University, that decision will be final and may result in my receiving no academic credit for the internship. I also agree to be bound by the expectations and directives set forth in the College of St. Benedict/St. John's University student handbook, and related applicable policies and procedures, while participating in the internship.

Student Intern

Date: _____

Accepted by:

CSB/SJU Internship Coordinator

Date: _____

Faculty Moderator

Date: _____

*Faculty Moderator

Date: _____

*Occasionally a student will have two faculty moderators. If so, signatures from both of them are necessary