

**University of Arizona Internship  
ASSUMPTION OF RISK AND RELEASE FORM**

*THIS IS A RELEASE OF LEGAL RIGHTS -- READ AND UNDERSTAND BEFORE SIGNING  
(If student is under 18 years of age, a parent or legal guardian must also read and sign this form)*

Student Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student ID: \_\_\_\_\_ Major: \_\_\_\_\_

Internship Course:    JOUR 493        JOUR 393        JOUR 593

Sponsoring Organization: \_\_\_\_\_

I hereby agree as follows:

**RISKS OF PARTICIPATION**

I recognize that there are dangers and risks to which I may be exposed by participating in this internship. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with the internship, as ***explained by the on-site supervisor in space below:***

**Signature of on-site supervisor confirming explanation of risks:** \_\_\_\_\_

**STUDENT UNDERSTANDING:**

I understand that the University of Arizona (the "University") does not require me to participate in the internship, but I want to do so, despite the possible dangers and risks and despite this Release. I therefore agree to assume all of the risks and responsibilities that are in any way associated with the internship.

Signature of Student Participant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
*(if student is under age 18)*

**HEALTH & SAFETY**

I understand and agree that the University and its governing board, administrators, and employees (the "Releasees") do not have medical personnel available at the Sponsoring Organization, which is the site location for my internship. I understand and agree that the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury, damage or cost which might arise out of or in connection with such authorized emergency medical treatment. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this internship. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the internship. I understand that neither the Releasees nor the Sponsoring Organization are obligated to provide transportation in connection with the internship. I understand that I am expected to carry my own automobile liability insurance coverage.

**STANDARDS OF CONDUCT**

I will comply with the University's Student Code of Conduct and Code of Academic Integrity, as well as the standards of conduct for employees of the Sponsoring Organization. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such codes and academic standards. I agree that the University has the right to enforce the standards of conduct described at: <http://studpubs.web.arizona.edu/policies/cofc.htm> as well as at: <http://studpubs.web.arizona.edu/policies/cacaint.htm> and that the University will impose sanctions, up to and including expulsion from the internship or from the University, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the department's internship program, the Sponsoring Organization, or other student participants.

The University has the right to make changes in the format and administration of the internship. I understand that the University has no control over the operations or premises of the Sponsoring Organization, and that I will be under the supervision of a representative of that organization while I am participating at the internship.

**ASSUMPTION OF RISK AND RELEASE OF CLAIMS**

Knowing the risks described above, and in consideration of being permitted to participate in the internship, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the internship. To the maximum extent permitted by law, I release and indemnify the Releasees from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the internship (including periods in transit).

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt by the University of Arizona in the Department of Journalism and shall be governed by the laws of the state of Arizona, which shall be the forum for any lawsuits filed under or incident to this agreement or to the internship.

Signature of Student Participant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
*(if student is under age 18)*

Please return to:

Renée Schafer Horton  
Internship Coordinator  
School of Journalism  
University of Arizona  
Louise Foucar Marshall Bldg  
Room 323A; Tucson, AZ 85721-0158