

**Internship Program**

**Liability Release Form**

I understand that during my internship I will be covered by my school student accident insurance.

I fully understand the company where I am serving my internship is in no way responsible for insuring me. I further understand I am not covered by Workman’s Compensation, as I am not a paid employee of the company.

I do, at this time, release the internship site employer from any and all liability while I am performing my internship program requirements.

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| *Student’s signature* |  | *Student ID#* |  | *Date* |