

**UNIVERSITY OF CENTRAL ARKANSAS**  
**STUDENT INTERNSHIP WAIVER**

**Please read carefully**

**It contains information each student needs to read and understand and also contains a release  
Students must submit this completed form before registering for credit**

Students Name: \_\_\_\_\_

Student I.D. #: \_\_\_\_\_

Internship Period: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

**I. Overview**

I understand and acknowledge that the University of Central Arkansas (UCA) does not control the way in which the internship work experience and the internship site is structured or operates. In granting academic credit for this internship, UCA affirms that the experience is an appropriate curricular option for UCA students and worthy of credit. UCA makes no other assurance, express or implied, about any travel and/or living arrangements the student has made. UCA does not knowingly approve internship opportunities that pose undue risks to participants. However, any internship or travel carries with it potential hazards which are beyond the control of UCA and its agents or employees, and I assume the responsibility of any and all such risks.

**II. My Relationship with the Sponsor**

I acknowledge that this internship is solely for educational purposes. I also understand that I will not be an employee or paid for my internship (unless the sponsor otherwise makes provision for payment). I know the sponsor does not have to provide for internships, but is doing so voluntarily with UCA in order to provide additional educational opportunities for students.

I am undertaking this internship for educational purposes; primarily for my own benefit and to further my knowledge; not to displace any workers of the sponsor or provide the sponsor with an immediate advantage; and not with the expectation that I will receive an offer of employment from the sponsor.

I also know that I will not be eligible for unemployment compensation upon the completion of the internship.

I know that UCA prohibits discrimination on the basis of gender, race, color, age, national origin, ethnicity, religion, spiritual beliefs, familial status, socioeconomic background, sexual orientation, political beliefs, intellectual perspective, genetic information, military status, or disability, and UCA requires the sponsor to affirm that the Sponsor also prohibits any and all discrimination.

### **III. My Personal Conduct**

I understand and agree to abide by all rules and professional standards of the internship site. I further understand that it is important to the success of the present internship and the continuance of future internships that interns observe standards of conduct that would not compromise UCA in the eyes of the individuals and organizations with which it has dealings. I acknowledge that I have reviewed all relevant provisions of the *UCA Student Handbook* governing such off-campus conduct, and I acknowledge having received copies of any such written policies, and having been made aware of any other policies. I agree that should the persons at UCA responsible for this internship program decide that I must be terminated from my internship because of conduct that might bring the program into disrepute, or the internship into jeopardy, that decision will be final (subject to such review as may be required by the *UCA Student Handbook*) and may result in loss of academic credit for the internship.

### **IV. Insurance Coverage**

I understand that UCA does not have an obligation to provide me with any type of insurance coverage. I state that I have sufficient health, accident, disability, and hospitalization insurance to cover me during my internship. I further understand that I am responsible for the costs of such insurance and for the expenses not covered by this insurance. I understand that if I use my personal vehicle for the benefit of the organization/agency with whom I perform my internship that UCA has no liability for personal injury or property damage, which may result from that use. I agree to rely solely on my personal vehicle insurance coverage and on any insurance coverage provided by my internship organization/agency.

I also understand that UCA assumes no liability for personal injury that I may suffer in the course of my internship and I agree to be responsible for ascertaining whether the organization/agency sponsoring my internship provides worker compensation coverage for me.

### **V. Release**

I understand, acknowledge and agree that the internship site and the use of any facilities shall be undertaken by me at my sole risk. I understand that there are risks and dangers associated with my participation in an internship work experience, including the risk of property damage, personal injury or death. I acknowledge that my participation in the internship is voluntary and that I assume full responsibility for any injuries or damages I may sustain as a result of my participation, including while traveling to or from the site.

For purposes of this Agreement, the term "UCA" shall refer to and mean the University of Central Arkansas, the President of UCA, any past, present and future members of the UCA Board of Trustees, any employee, representative or agent of UCA, and any entity associated with, or controlled by, UCA. For myself, and all of my heirs, personal representatives, successors and assigns, or any other persons claiming by or through me, I do hereby forever waive, release and relinquish any and all claims, demands, causes of action, liabilities, costs or expenses (including, but not limited to, attorneys' fees) (all of the foregoing being referred to collectively as "Claims"), against UCA which are associated with, or arise out of or in any manner are related to, my participation in the internship, whether or not sponsored by UCA. The waiver and release set forth herein waives and releases any and all Claims under any federal or state law, as well as any common law cause of action, whether in contract, tort or any other legal theory.

## **VI. Miscellaneous**

I understand that UCA reserves the right to make cancellations, changes, or substitutions in cases of emergency or changed conditions or in the general interest of the internship program.

I grant permission to UCA to release any and all Faculty Member Recommendation for a Student Internship forms to a sponsor if the sponsor so requests.

I attest that I am at least 18 years of age and may legally be employed in the United States of America.

I represent and warrant that I have disclosed all relevant, pertinent information that could affect my ability to successfully complete the internship. If I have any questions about these matters, I know I can visit with officials of UCA and have my questions answered.

This document has been executed in Arkansas, and the laws of Arkansas shall govern its interpretation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_