**UNIVERSITY OF CENTRAL ARKANSAS**

SCHOOL PSYCHOLOGY STUDENT INTERNSHIP\* WAIVER

\*Internship/Practicum/Field Experience

**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**

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

**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. Generally, school psychology interns are paid by the school district during the internship year. Otherwise, I understand that I will not be an employee or paid for my internship. 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 and to fulfill requirements of the school psychology program; 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, religion, 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 as well as the rules and guidelines set up by the university.** 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 agree that should the persons at UCA responsible for this internship program decide that I must be terminated from my internship, or other actions taken, because of conduct that might bring the program into disrepute, or the internship into jeopardy, that decision will be final and may result in loss of academic credit for the internship.

I understand that included in professional conduct is the need for academic honesty. Any misrepresentation of academic work by a student as the product of their own study or efforts, or any taking, or copying, or unauthorized possession of work assigned by a professor is considered academic dishonesty and can result in any of the following: reduction in a grade, failure of a course, probation, suspension, or expulsion from the university.

**IV. Insurance Coverage**

I understand that UCA does not have an obligation to provide me with any type of insurance coverage. However, I acknowledge that the Department of Psychology and Counseling provides professional liability insurance to all students during their professional training in the school psychology program. I acknowledge that I have been advised to obtain 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.

**V. Release**

I understand, acknowledge and agree that the internship site and its use of any facilities shall be undertaken by me at my sole risk. For myself, and my heirs, personal representatives and any others claiming by or through me, I hereby forever waive and release and hold UCA, and its Board of Trustees, officers and employees harmless from and against any and all claims, demands, injuries, damages, actions, or causes of action, whatsoever to me or to my property arising out of or connected with the internship and with the use of any and all services of facilities associated with the internship, whether or not sponsored by UCA. I hereby forever release, discharge, and covenant not to sue UCA, its Board of Trustees, employees, or agents as to any and all liability that may arise out of any injury or harm to me, death, or property damage resulting from my participation in this internship.

**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 attest that I am over the age of 18 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_