

California State University, Fullerton
Department of History

History Internship Statement of Understanding and Release

Student Statement of Understanding and Release

I understand that the University does not accept responsibility or liability for students participating in off-campus experience-based learning activities; that the University does not provide medical insurance for students participating in internships; that I must ask sites about potential personal health or safety risks; and that in choosing to participate in an internship, I do so at my own risk.

I understand that the California State University cannot be held liable for my actions while at the off-campus experience-based learning site (hereafter referred to as "site"). Therefore, I hereby release, hold harmless and forever discharge the State of California, the Trustees of the California State University and each and every officer, agent, and employee of each of them (hereafter collectively referred to as the "State") from all claims, causes of action, or demands of every kind which I may have in the future or that any person claiming through me may have in the future against the State by reason of any injury to person or property, or death, in connection with my participation in the off-campus experience-based learning activity (as described in the History Internship Learning Contract).

Further, I agree to indemnify the State for liability arising solely from my tortuous acts or omissions, and I assume the risk of traveling to and from the site. Adapted from: 1727F, p.2: 9/88, State Only Form (Ins. Off.). I understand the terms of this Release and their legal significance. This Release is freely and voluntarily given with the understanding that rights to legal recourse against the State are knowingly given up in return for allowing my participation in the type of activity described (in the History Internship Learning Contract). Adapted from: 1727F, p.2: 9/88, State Only Form (Ins. Off.).

Name: _____ Student ID: _____

Phone: _____ Email: _____

Sign: _____ Date: _____

Site Agreement

We understand that there is no provision in State or CSU policy for contractually accepting responsibility for students, nor does the University provide liability coverage; we understand that we will hold the responsibility for any liability that could result from inviting a student to do work under our supervision and on our premises; we understand that the University does not provide medical or accident insurance for students participating in internships; and we understand that students must be informed of any potential personal health or safety risk that may be inherent in an internship with our company/organization.

Organization/Agency: _____ Phone: _____

Designated Supervisor: _____ Title: _____

Supervisor Phone: _____ Email: _____

Sign: _____ Date: _____