I, the undersigned, have chosen to participate in an internship. I acknowledge that I have been provided the following information and enter into this Agreement being fully informed of the following:

- I understand the terms of this Agreement to cover all aspects of my internship including any and all activities related directly or indirectly, including, but not limited to, traveling to, from, and during the internship.
- I affirm that I have provided written information that accurately describes the internship to my supervisor, my faculty coordinator, and the internship coordinator in the Westminster Career Center.
- I have been given instructions, guidance, and online resources regarding the internship program.
- I acknowledge that I have received and reviewed the Student Internship Agreement, Responsibilities of an Intern, and Internship Program Policies.
- I have read and understand the standards of conduct and other policies as outlined and defined in the Student Handbook in place as of the date of this internship and understand that I must abide by them during my internship. If I fail to observe any of the standards of conduct or other policies, I understand and agree that the College may impose sanctions set forth in the Student Handbook.
- I acknowledge that the College reserves the right to remove me from this internship at any time should my actions or general behavior, in the sole discretion of the College, be determined to impede, obstruct or diminish the progress or quality of the internship.
- I understand that some information received during this internship may be confidential and I will keep this information private.
- I agree to act in a reasonable manner and to follow instructions of managers, directors, and/or supervisors of the internship sponsor at all times during the internship.

I assume full responsibility for all risks associated with my own health problems and physical or emotional limitations. I understand and agree that Westminster College is not responsible for any illnesses or consequences that may occur. I represent that I am physically, mentally, and emotionally able, with or without accommodation, to participate in the internship. I understand and agree that if I have any mental or physical health factors or disabilities, including medications, which may affect
me and my participation, I have the responsibility to provide the College with all necessary information and medical release prior to participating in the activity or course.

It is my intention and I do hereby agree to be financially responsible for any product damage/loss or injuries, physical, mental and/or emotional that may occur, with the exception of injuries that are covered by the College’s workers’ compensation insurance. I acknowledge and understand that Westminster College carries no insurance for personal injury, illness or property damage/loss.

I hereby voluntarily agree to assume all associated risks and responsibilities to which I may be exposed from and during my participation in the internship.

I do, for myself, my heirs, successors, assigns, and personal representative(s), hereby agree to release, indemnify and hold harmless Westminster College, its Board of Trustees, officers, agents, faculty and employees from any and all liabilities for injury, loss, claims, or damages which may result, directly or indirectly, from my participation in this internship, unless any such injury, loss, claims, or damages are primarily the direct result of gross negligence or intentional misconduct of Westminster College or any of its officers, employees or lawful agents and not caused in part by my own negligence.

This Agreement, in its entirety, shall run to and be binding upon me and my heirs, assigns, and estate and shall be governed by the laws of the State of Utah and should any provisions of this Agreement be found to be unenforceable, all remaining provisions will remain in full force and effect.

I HAVE READ AND I UNDERSTAND THE FOREGOING INFORMATION. I HEREBY AGREE TO ABIDE BY THE TERMS AND POLICIES OUTLINED HEREIN AND EXECUTE THIS AGREEMENT on the_______day of___________________in the year________.

Signature:

________________________________________________________________________

Address:

________________________________________________________________________

Telephone:

________________________________________________________________________

Co-Signature:

________________________________________________________________________

(Parent or guardian if under 18 years of age)

Printed Name

________________________________________________________________________