

**WAIVER, RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT**

Department: \_\_\_\_\_

Course: \_\_\_\_\_ Term/Year: \_\_\_\_\_

Activity (if applicable): \_\_\_\_\_

Instructor: \_\_\_\_\_

Student/Participant Name: \_\_\_\_\_ 700#: \_\_\_\_\_

In consideration of the State of Colorado, Colorado Mesa University and its \_\_\_\_\_ **Department** granting me permission to participate in the above-referenced course and/or activity, and with the understanding that such participation is conditioned upon my execution of this waiver and release, for myself, my heirs and assigns, I hereby acknowledge, recognize and assume the risks involved in the course and/or the activity and any risks inherent in any other activities connected with the course and/or activity in which I may voluntarily participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) and accidents which may occur as a result of my participation in the course and/or activity and release from liability the State of Colorado, Colorado Mesa University and its \_\_\_\_\_ **Department**, and all of the officers, directors, agents, representatives, and employees of the foregoing entities.

**I HEREBY WAIVE ANY CLAIM I MAY HAVE AS A RESULT OF MY PARTICIPATION IN THE ABOVE-REFERENCED COURSE AND/OR ACTIVITY. I HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE STATE OF COLORADO, COLORADO MESA UNIVERSITY AND ITS \_\_\_\_\_ DEPARTMENT, AND ALL OF THE OFFICERS, TRUSTEES, DIRECTORS, AGENTS, REPRESENTATIVES, AND EMPLOYEES OF THE FOREGOING ENTITIES AGAINST ANY AND ALL CLAIMS, INCLUDING ATTORNEYS' FEES AND COSTS, WHICH MAY BE BROUGHT AGAINST ANY OF THEM BY ANYONE CLAIMING TO HAVE BEEN INJURED AS A RESULT OF MY PARTICIPATION IN THE COURSE AND/OR ACTIVITY.**

This waiver shall be governed in accordance with the laws of the State of Colorado, and venue for any action related to this waiver shall be in the City and County of Denver, Colorado. This waiver is intended as the complete integration of all understandings between the parties. No prior or contemporaneous addition, deletion, or other amendment hereto shall have any force or effect whatsoever, unless embodied herein in writing.

**THIS IS A RELEASE OF LIABILITY. IF STUDENT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED. I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT.**

\_\_\_\_\_  
Signature of Student/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent  
(if participant is under 18 years of age)

\_\_\_\_\_  
Date

Please refer to the following for assistance with signing internship documents:

- [Sign Documents with Adobe Acrobat Pro](#)
- [Sign Documents with Free Acrobat Online Services](#)
- [Print, Sign, and Scan Documents](#)

## **INTERNSHIP AGREEMENT**

This is an agreement between the Colorado Mesa University Department of \_\_\_\_\_ (CMU), the organization hosting the internship \_\_\_\_\_, and the student \_\_\_\_\_. This agreement is to set the rules for an internship for which the student, upon satisfactory completion, will receive academic credit. The term of the internship is from \_\_\_\_\_ to \_\_\_\_\_ and/or until the student completes the agreed upon number of hours.

### A. Responsibilities of the Student

1. The student shall compile a list of learning objectives in accordance with department guidelines that are mutually agreeable to CMU, the organization, and the student.
2. The student shall complete a CMU Waiver of Liability, and turn it into CMU, before beginning the internship.
3. The student shall report to the organization during times mutually agreed upon by the organization and the student.
4. The student shall complete a total of \_\_\_\_\_ clock hours in performance of duties supporting the agreed upon learning objectives.
5. The student shall complete the Internship Experience Evaluation form provided by CMU at the end of the internship.
6. The student shall complete other program-specific requirements specified by CMU and attached to this contract.
7. The student shall register for \_\_\_\_\_ Internship, \_\_\_\_\_ credit hours and pay applicable tuition and fees to CMU. (Students must complete at least 45 clock hours for every 1 credit hour.)

### B. Responsibilities of the Organization

1. The organization will provide an experience supporting the agreed upon learning objectives and totaling \_\_\_\_\_ clock hours.
2. The organization will supervise the student.
3. The organization will complete the Internship Supervisor Evaluation Form provided by CMU at the end of the internship.

### C. Responsibilities of CMU

1. CMU will assist the student in determining the learning objectives, and shall be responsible for approval of the learning objectives described in item A.1, above.
2. CMU will award the student \_\_\_\_\_ semester credit hours under \_\_\_\_\_ upon successful completion of the internship.
3. CMU will award a grade for the student's work based on how well the student meets program-specific requirements.

### D. Other Areas of Agreement

1. All parties understand that the student is not entitled to employment at the conclusion of the internship period, but this agreement does not preclude the organization from hiring the student during or after the term of this agreement.
2. All parties understand that the organization may terminate this agreement for poor performance by the student.

3. All parties understand that the student is not obligated to accept an offer of employment during or at the conclusion of the internship period, and that the completion of their internship is not contingent on them accepting aforementioned job offer.
4. Student acknowledges and agrees that no tuition or fees will be reimbursed by CMU to Student and no credit hours awarded by CMU to the Student if the Student fails to complete the internship described in this Agreement for any reason at all including termination by the organization for poor performance.
5. Student must provide proof of Health Insurance and emergency contact information for any internship located outside the state of Colorado.

**ORGANIZATION**

\_\_\_\_\_  
 Site-Supervisor

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Site-Supervisor (signature)      Date

\_\_\_\_\_  
 Organization

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Phone

**CMU FACULTY INTERNSHIP COORINDATOR**

\_\_\_\_\_  
 Faculty Coordinator

\_\_\_\_\_  
 Faculty Coordinator (signature)      Date

\_\_\_\_\_  
 Email [@coloradomesa.edu](mailto:_____@coloradomesa.edu)

\_\_\_\_\_  
 Phone

**STUDENT**

\_\_\_\_\_  
 Student (signature)      Date

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Phone

**ACADEMIC DEPARTMENT HEAD**

\_\_\_\_\_  
 Department Head

\_\_\_\_\_  
 Department Head (signature)      Date

## INTERNSHIP LEARNING OUTCOMES

Student Name \_\_\_\_\_

Faculty Internship Coordinator \_\_\_\_\_

Site-Supervisor \_\_\_\_\_

Course \_\_\_\_\_ Term \_\_\_\_\_

**Outcome 1:**

**Means of Assessment 1:**

**Outcome 2:**

**Means of Assessment 2:**

**Outcome 3:**

**Means of Assessment 3:**

**Outcome 4:**

**Means of Assessment 4:**

**Outcome 5:**

**Means of Assessment 5:**

**Outcome 6:**

**Means of Assessment 6:**