



Dr. Bell
KINE 499 SPORT MANAGEMENT INTERNSHIP PLACEMENT
APPLICATION

Student Name: _____ Student ID# _____
Credit Hours Currently Accumulated _____ Current GPA: _____
Local Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone #: _____
Semester of Internship: _____
Projected Starting Date: _____ Projected Finish Date: _____
Internship Site: _____
Specific Sub-division of Organization (if Applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Site Supervisor: _____ Supervisor Title: _____

Please comment here on any issues with internship start-up/completion that you may have discussed with your faculty supervisor.

Faculty Supervisor Methods of Assessment:

- It is imperative that a job description is posted by the beginning of the internship. This allows all who are involved to understand what the student will hope to accomplish and will be a yardstick for measuring student accomplishment. The job description should be made up of work-related learning objectives, experiences, duties, ETC. that have been mutually agreed upon by the student and site supervisor for the length of the internship. Some possible areas of involvement are listed below, but there are other work-related opportunities available.

facility preparation	policy formulation	personnel recruitment
facility maintenance	policy administration	personnel training
budget preparation	concessions management	personnel scheduling
budget management	counseling services	personnel evaluation
insurance policies	prevention & care of injuries	equipment purchase
sports information	athlete recruitment policies	equipment inventory
scheduling	travel	equipment maintenance
ticket sales	spectator control	liability & legal issues
event management	Title IX issues	fund raising
marketing	private sports lessons	sales of equipment/services

Please list YOUR internship responsibilities (e.g. budget preparation):

1 _____	2 _____
3 _____	4 _____
5 _____	6 _____
7 _____	8 _____
9 _____	10 _____

Describe objectively (in list form) what you hope to accomplish (e.g., learn how to properly prepare a budget statement for a large corporation). Academic Expectations

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____

Student: _____ Date: _____
Signature

Internship Coordinator: _____ Date: _____
Dr. Bell Signature



WAIVER, RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT

Course: KINE 499 – Internship CRN # _____ Term / Year: _____
Activity (if applicable): _____
Instructor: Dr. Bell _____
Student/Participant Name: _____ Student ID# _____

In consideration of the State of Colorado, Colorado Mesa University, its **Kinesiology 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 **Kinesiology 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 KINESIOLOGY 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 affect 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 year of age)

Date