



INTERNSHIP
School of Business and Economics
Department of Management & Entrepreneurship

STUDENT INTERNSHIP WAIVER

Please read the below release form carefully and understand the details of this form before signing. Students must submit this form to Molly Lipka, Department of Management and Entrepreneurship Internship Coordinator, in Beatty Ctr. 300 before registering for the internship.

I, _____ (Student ID _____ - _____ - _____) am a student at the College of Charleston and plan to take part in an internship during the _____ Semester during the _____ year with the below host organization:

Agency/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Phone: _____

The *College of Charleston* and the *School of Business and Economics* does not control the way in which an internship work experience and the internship site is structured or operates. In granting academic credit for this internship, the College affirms that, to the best of its judgment, the experience is an appropriate curricular option for students in a liberal arts program of study and worthy of *College* credit. The College makes no other assurance, express or implied, about any travel and/or living arrangements the student has made. The *College* does not knowingly approve internship opportunities that pose undue risks to their participants. However, any internship or travel carries with it potential hazards which are beyond the control of the *College* and its agents or employees, and I assume the responsibility of any and all such risks. **Insurance Coverage:** I have sufficient health, accident, disability, and hospitalization insurance to cover myself during the above internship period. I further understand that I am solely responsible for the costs of such insurance and for the expenses not covered by the insurance I have. I understand that if I use my personal vehicle for the benefit of the organization/agency with whom I perform my internship that the *College* 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 agency/organization. **Host Relationship:** I understand that I will not be entitled to unemployment compensation benefits upon completion of my internship. I understand that the internship work experience is not an offer of employment. Rather the experience is for educational purposes with a set termination date. I also understand the *College* assumes no liability for personal injury that I may suffer in the course of my internship and agree to be responsible for ascertaining whether the agency/organization sponsoring my internship provides worker compensation coverage for me. I understand that host agency/organization place of business is not required to provide monetary compensation for the time I spend at the host/agency organization during the internship experience. I agree to be responsible for ascertaining whether the sponsor will or will not provide monetary compensation. The *College* prohibits discrimination on the basis of gender, race, color, age, national origin, religion, or disability. The *College* requires the host agency/organization to affirm that they too prohibit any and all discrimination. **Personal Conduct:** I understand the responsibilities and circumstances of any off-campus internship requires a certain standard of professional conduct that may differ from that of the *College* and I indicate my willingness to understand and conform to the professional standards set by the above host agency/organization. I further understand the importance of observing the standards of conduct that would not compromise the *College* in the eyes of the individuals and organizations with which it has dealings. I acknowledge the *Department of Management and Entrepreneurship Internship Coordinator's* responsibility for setting rules and interpreting conduct for this purpose. I agree that should the *Department of Management and Entrepreneurship Internship Coordinator* decide that I must be terminated from my internship because of conduct that may bring the program into disrepute, or the internship into jeopardy, the decision will be final (subject to review by the Dean of the School of Business and/or the Academic Policies Committee) and may result in the loss of academic credit for the internship. **General Release:** I understand that the *College* reserves the right to make cancellations, changes or substitutions in cases of emergency, changed conditions or in the general interest of the program. I understand the *School of Business and Economics Internship Coordinator* may take actions considered to be warranted under the circumstances and/or to guard the integrity of the internship program, including termination of the internship experience. I further expressly agree that the internship site and its use of any facilities shall be undertaken by me at my sole risk and that the *College* shall not be liable for any and all claims, demands, injuries, damages, actions, or causes of actions, 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 the *College*. I release, discharge, and covenant not to sue the *College*, it's governing board, 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. I grant permission to the *College* to release any and all Faculty Member Recommendation for a Student Internship forms to a host organization if the host so requests. I attest that I am over the age of 18 and may legally be employed in the United States of America. I warrant that I have disclosed all relevant, pertinent information that could affect my ability to successfully complete the internship.

Student Signature: _____

Date: ____/____/____

Internship Coordinator: _____

Date: ____/____/____

Department Chair: _____

Date: ____/____/____