



Ashland University
Dauch College of Business and Economics

Business Internship Student Release Form

This is a release. Please read carefully.

Students must submit this completed form to the faculty internship advisor before registering for academic credit.

I, _____ ID# _____, am a student at Ashland University and plan to undertake an internship during the _____ (semester/year) at the following location:

_____ Internship Site _____ City, State

I understand that Ashland University is not my employer and does not control or direct the work I will perform in this internship. In granting credit for this internship, Ashland University affirms that, to the best of its judgment, the experience is an appropriate curricular option for students in its Dauch College of Business and Economics and worthy of credit.

Insurance Coverage

I certify that I will be covered by a health and accident insurance policy for the duration of my internship. This insurance is provided through Policy Number _____ issued by the _____ Insurance Company. Proof of said insurance coverage is attached. I further understand that I am responsible for the costs of such insurance and for any expenses not covered by this insurance, and I recognize that Ashland University does not have an obligation to provide me with such insurance.

Personal Conduct

I understand that the responsibilities and circumstances of an off-campus internship may require a standard of decorum, which may differ from that of Ashland University, and I indicate my willingness to understand and conform to the standards of the internship site. I further understand that is important to the success of the present internship and the continuance of future internships that interns observe standards of conduct that would not compromise Ashland University in the eyes of individuals and organizations with which it has dealings, and I acknowledge the faculty internship advisor's responsibility for setting rules and interpreting conduct for this purpose.

I further agree and understand that I remain at all times subject to the rules and regulations of Ashland University, including but not limited to the code of conduct published in the Ashland University Student Handbook. In addition, I understand that I am subject to immediate dismissal from the internship if I engage in violent or inappropriate behavior as determined by the faculty internship advisor or engage in the illegal use of drugs in any form while in the internship. I also understand that breaches of local laws will be referred to the appropriate law enforcement agency.

General Release

I understand that Ashland University reserves the right to make cancellations, changes, or substitutions in cases of emergency or changed conditions or in the general interest of the internship program.

On behalf of myself, my heirs, next of kin, personal representatives, successors, and assigns, I forever release Ashland University and/or its trustees, officers, administrators, employees, representatives, and/or insurers (the "Released Parties") from any and all liability for claims, causes of actions, or damages arising from, resulting from, or in any way related to the internship, and agree to waive any such claims that might arise, whether accruing now or in the future and whether now known or unknown, including but limited to claims arising from the negligence of the Released Parties.

Assumption of Risk

Ashland University does not knowingly approve internship opportunities which pose undue risks to their participants. However, any internship or travel carries with it potential hazards which are beyond the control of Ashland University and its agents or employees.

I understand that my internship may involve some travel and I hereby assume all risks involved with such travel. Ashland University makes no other assurances, expressed or implied, about any travel and living arrangements the student has made.

Miscellaneous

This Agreement will be governed by the laws of the State of Ohio.

This Agreement contains the entire agreement of the parties about the subjects in it. It replaces all prior to contemporaneous oral or written agreements, understandings, statements, representations, and promises by either party. No supplement, modification, or amendment or of to this Agreement will be effective and binding unless the same is contained in an express written agreement signed by me and a duly authorized representative of the University.

This Agreement will be binding upon me and each of my heirs, executors, and representatives. This Agreement will inure to the benefit of the Released Parties and each of their heirs, executors, successors, assign, and representatives.

Each provision of this Agreement is severable. Should any court or other tribunal of competent jurisdiction declare any provision(s) of this Agreement invalid or unenforceable by reason of any rule of law or public policy, all other provisions hereof shall remain in full force and effect.

I represent and agree that I have fully read and understand the meaning of the Agreement and am voluntarily entering into this agreement with the intention of giving up all claims against the Released Parties.

Date: _____

Student Signature: _____ Date of Birth: _____ Age _____