

INTERNSHIP REGISTRATION AND RELEASE OF LIABILITY

I voluntarily choose to participate in (course number): _____ Internship during (semester) _____.
 I agree that I am responsible for my behavior and safety at all times traveling to and from the internship and during the internship. I understand that the University does not carry medical or accidental insurance for the activities mentioned. As such, all participants should review their personal insurance portfolio.

I further agree to the following:

Behavioral and Academic Standards: Participation in the internship may be denied or rescinded due to behavioral or academic concerns. Disruptive behavior, academic dishonesty, or other improprieties will not be tolerated. Participation in the internship may be terminated by Mount Mercy University for violation of these standards.

Drug Use and Other Illegal Activities: The possession or use of any quantity of illegal substances is strictly prohibited during participation in the internship. The consequences of substance abuse or other illegal activity at any time during participation in the internship include immediate removal from the worksite and pursuit of due process under the Mount Mercy Code of Conduct.

Medical Needs and Health Insurance: The student and/or his or her parents are responsible for verifying that the student will have adequate health insurance coverage and that it will remain effective for the duration of the internship. The absence of health insurance coverage on my part does not make Mount Mercy University responsible for payment of medical expenses incurred.

I voluntarily and knowingly agree to protect, hold harmless, and indemnify (internship site) _____ its representatives and agents; Mount Mercy University, its officers, and employees, against all claims, demands, or causes of actions for property damage, personal injury, or death, including defense costs and attorney's fees arising out of my participation in the internship. (All persons under age 18 must have a parent or guardian signature.)

I have read and fully understand the aforementioned Assumption of Responsibility and Release of Liability, and all information supplied by me is accurate and current to the best of my knowledge.

It is hereby agreed between and among the parties that _____ has been assigned an		
	Student	
Internship with _____, beginning on _____ with an expected		
	Name of Site	
completion date of _____. Student will receive _____ credit hours upon		
satisfactory completion of _____ total field hours.		
Site address: _____ City: _____ State: _____ Zip: _____		
Site Supervisor: _____ Supervisor e-mail: _____		
_____	_____	_____
Student signature/Date	Faculty advisor signature/Date	Faculty supervisor signature/Date
_____		_____
MMU ID Number		Provost's Office, signature/Date

All field experience (internships, student teaching, etc.) opportunities at Mount Mercy are governed by a discipline-specific accrediting body and/or by a specific department. All field experiences must be approved by Mount Mercy faculty. This will include, but is not limited to, pre-arranged expectations for students, faculty, and site supervisors.