

# COLLEGE of VISUAL ARTS

## STUDENT RELEASE FORM INTERNSHIP PROGRAM

Students must submit this completed form to the internship coordinator before starting their internship.

I, \_\_\_\_\_, am a student at the College of Visual Arts and plan to undertake an internship during \_\_\_\_\_ at the following location:  
Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
(year) (year) (year)

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(Internship Sponsor)

(city/state/country)

CVA itself does not control the way in which this experiential learning opportunity and the internship are structured or operate. In granting credit for this internship, CVA affirms that, to the best of its judgment, the experience is an appropriate curricular option for students and worthy of CVA credit but makes no other assurances, expressed or implied, about any travel and living arrangements the student has made.

CVA 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 CVA and its agents or employees.

### **INSURANCE COVERAGE**

I have sufficient health, accident, and hospitalization insurance to cover me during my internship; 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 CVA does not have an obligation to provide me with such insurance.

I assume full responsibility for any undisclosed physical or emotional problems that might impair my ability to complete the experience, and I release the College of Visual Arts from any liability for injury to myself or damage to or loss of my possessions.

I understand that if I use my personal vehicle for the benefit of the organization with whom I perform my internship, CVA has no liability for 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 the internship sponsor.

I understand that I will not be entitled to unemployment compensation benefits upon completion of my internship. Further, I understand that CVA assumes no liability for injury that I may suffer in the course of my internship and agree to be responsible for ascertaining whether my internship site provides workers compensation coverage for me.

### **PERSONAL CONDUCT**

I understand that the responsibilities and circumstances of an off-campus internship may require a standard of professional decorum that may differ from that of CVA. Therefore, I indicate my willingness to understand and conform to the professional standards of the internship sponsor. I further understand that it 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 CVA in the eyes of individuals and organizations with which it has dealings, and I acknowledge the responsibility of CVA and the Internship Coordinator to set rules and interpret conduct for this purpose. I agree that should CVA and its Internship Coordinator decide that I must be terminated from my internship because of conduct that might bring the program into disrepute or the internship site into jeopardy, that decision will be final and may result in the loss of academic credit.

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## GENERAL RELEASE

I understand that the College of Visual Arts reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions or in the general interest of its Internship Program.

It is further expressly agreed that the internship site and use of any and all of its facilities shall be undertaken by me at my own sole risk and that the College of Visual Arts shall not be liable for any and all claims, demands, injuries, damages, actions, or causes of actions, whatsoever to me or property arising out of or connected with the internship and with the use of any and all services, or facilities associated with the internship, whether or not sponsored by CVA. I do hereby release, discharge and covenant not to sue the College of Visual Arts, its governing board, employees, or agents as to any and all liability that may arise out of injury or harm to me, death, or property damage, resulting from my participation in this internship.

### **Student**

**Signature:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If the student is under the age of 18 at the time the internship begins, parent/guardian signature is required)