

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Behavioral and Academic Standards: Participation in the internship may be denied or rescinded due to behavioral or academic concerns.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 or	า	with an expected	
Name of Si				
completion date of	Student will receive _	credit	hours upon	
			-	
satisfactory completion of	total field hours.			
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Student signature/Date	Faculty advisor signature/Date	raculty supe	rvisor signature/Date	
MMU ID Number	Registrar's Office, signature/Date			

All field experience (internships, student teaching, etc.) opportunities at Mount Mercy are governed by a disciplinespecific 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.

International students on a student visa may also need to complete paperwork for Curricular Practical Training (CPT). Contact Amir Hadzic (ahadzic@mtmercy.edu), Director of International Student Recruitment, for specific details.