

To be completed by the WVIT Internship Coordinator

Quarter/Year: _____ Course/Section: _____ Class #: _____

University Liability Statement

Qualified Cal Poly students may earn university credit while working as an Intern for a cooperating institution if the requirements of the Internship are successfully completed. Because the day-to-day requirements and obligations of the Intern are conducted under the sole jurisdiction of a designated officer in the cooperating institution, the University does not, nor can it assume any liability for the safety and/or health care of the Intern.

In accepting an Internship, the student acknowledges the full release of any liability on the part of the University for physical or other accidents. The Intern agrees to assume full responsibility for reviewing with the cooperating institution any employee benefits that may be available (i.e., health and accident insurance, liability insurance, workers' compensation, etc.). In the event the cooperating institution does not provide desired benefits, it will be the responsibility of the student to make his or her own arrangements, if desired.

In signing this statement, the student acknowledges full understanding of the liability statement, and consents to the same.

Student Signature: _____ Date: _____

Employer Signature: _____ Date: _____

Internship Coordinator Signature: _____ Date: _____

Secure all required signatures and submit the Internship Contract and Liability Statement to the WVIT Internship Coordinator. Documents can be delivered or sent by mail to WVIT Internship Coordinator, Building 11, Room 217, Cal Poly State University, One Grand Avenue, San Luis Obispo, CA 93407. Scanned copies can be sent by email to wvit@calpoly.edu, or fax copies can be sent to (805) 756-1335.