ATTACHMENT “A”

STUDENT ACKNOWLEDGMENT AND RELEASE

University of Oklahoma
Michael F. Price College of Business
Internship Memorandum of Understanding for B AD 3700.014

THIS ACKNOWLEDGMENT AND RELEASE is made by _________________________, effective on the date when signed and witnessed below.

WHEREAS, the undersigned student has been allowed to enter into a practical educational and training internship program involving the University and _____________________________ (“Agency”) and desires to formally release liabilities and to acknowledge his/her responsibilities while in the Internship program.

NOW THEREFORE the undersigned understands and agrees, as follows:

A. The student agrees:

1. To adhere to all applicable Agency and University policies, procedures, programs, practices and operating standards, as provided in the Internship Agreement to which this Student Acknowledgment and Release is attached and to work under the direction and supervision of the Agency while at the Agency or engaged in Agency activities during the period of the Internship.

2. To act in a professional, ethical manner at all times when either directly or indirectly engaged in Internship activities and to preserve the confidentiality of Agency data or information as is more specifically set forth in Paragraph II(D) of the Internship Agreement.

3. To promptly complete all documentation pertaining to the Internship reasonably required by the University and/or the Agency.

4. To prepare for and participate in evaluation conferences or other meetings pertaining to the Internship, as may be required by the University or Agency.

5. To be responsible for his/her own health and accident, automobile and professional liability insurance. Neither the University nor the Agency provide such benefits except as University or Agency expressly agrees to do so and communicates that agreement to the student in writing. Further, the undersigned is expected to meet any health requirements required by the Agency.

B. The student understands and acknowledges:

1. The student is not an employee of the Agency or University and is not entitled to any benefits of employment, e.g., compensation, fringe benefits, worker’s compensation, etc. except as University or Agency expressly agrees to do so and communicates that agreement to the student in writing.

2. That expenses incurred in traveling to and from the Internship placement shall be borne by the student; however, all other properly documented expenses incurred at the direction of the Agency during the Internship shall be reimbursed in accordance with Paragraph III(C) of the Internship Agreement.

3. The undersigned student intern has read and understands the terms and conditions of the referenced Internship Agreement and this Student Acknowledgment and Release and agrees to abide by all their applicable terms and conditions, without limitation, including Paragraphs I (E), (F), (G), (K) and II (D).

4. THE TERMS OF THIS STUDENT ACKNOWLEDGMENT AND RELEASE AND INTERNSHIP AGREEMENT ARE BINDING ON THE UNDERSIGNED STUDENT INTERN AND THIS DOCUMENT SHALL SERVE AS A RELEASE AND ASSUMPTION OF THE RISK FOR MYSELF, MY HEIRS, ASSIGNS AND NEXT OF KIN.
C. Release:

In consideration of the permission/assistance extended to me by Agency and University respectively to obtain this practical experience, I do hereby, for myself, my heirs and personal representatives, release, discharge and indemnify the University, the Agency and their respective directors and employees from any liability for any claims, damages, fees, costs, suits and the like on account of my death, bodily injury, personal injury and/or property damage which may result from any cause connected in any way with this Internship, including without limitation claims, damages, fees, costs, suits and the like regardless whether or not they are caused by Agency’s or University’s negligence.

AGREED:

_________________________________  _____________________
Signature of student Intern            Date

Printed name of student Intern

_________________________________  _____________________
Signature of witness                  Date