

ANS 399A: Animal Science Internship Experience Program

Department of Animal Science, Iowa State University

Release and Waiver of Liability Statement

PLEASE READ THIS CAREFULLY.

It affects any rights you may have if you are injured or otherwise suffer damages while participating in the internship experience you have selected.

I plan to complete an internship with _____
(company/organization's name) as partial fulfillment of Iowa State University (University) requirements for internship credit. I have accurately represented my abilities to the cooperator and expect the internship to be a learning experience. I have visited with my academic adviser and we agree that the anticipated experiences of this internship promise significant potential for my professional growth. I also understand that the additional requirements beyond this internship must be completed satisfactorily before credit will be granted by the University. I recognize that the daily managerial control and working conditions of the internship will be handled by and will be under the sole direction of the cooperator.

As a condition of participation in this internship with the cooperator for the period of _____ to _____, I release the State of Iowa, Board of Regents State of Iowa, Iowa State University, the Department of Animal Science and their officers, employees and agents from any and all damages and claims arising from any cause whatever during my participation in the internship. I state that I have reviewed my insurance needs with my personal insurance carrier, my parents' insurance carrier or the cooperator's insurance carrier, including health, accident, workers compensation and liability coverage. I understand that personally owned vehicles used in conjunction with this activity are not covered by the University for property damage or liability. I understand that I am required to carry auto liability insurance as required by the State of Iowa. I further state that after the review of my insurance coverage, I have adequate insurance coverage or adequate financial resources to cover any occurrence.

By signing this Release and Waiver of Liability, I state that I have read and understand the conditions set forth in this Release and that I agree to all conditions set forth herein, and that I sign this voluntarily.

Student Name (Please Print)	Date
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Student Signature	Date
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Signature of Parent or Guardian (if under 18 years of age)	Date
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***This form must be submitted before starting the internship.**

Return to:

Ms. Christen Burgett, 806 Stange Rd, 109G Kildee Hall, Ames, IA 50011-1178