

INTERNSHIP WAIVER FORM

In consideration of the permission extended by the Department of Criminal Justice, St. Cloud State University, through its officers and agents, to engage in an internship commencing on or about _____, I expressly agree on behalf of myself, my heirs, executors, administrators, and assignees, that the Department of Criminal Justice, its officers, personnel, agents and employers, or any of them shall not be liable under any circumstances whatsoever of my death, personal injury or loss or damage to my personal property whether occasioned by negligence of said officer, personnel, agent or employees occurring while engaged in aforementioned activity or in the going to or coming from such activities.

WITNESS SIGNATURE

YOUR SIGNATURE

Name and address of person to be notified in emergency:

NAME: _____

PHONE _____

ADDRESS: _____
