

# SONOMA STATE UNIVERSITY

## Internship Learning Contract

### Section I: Student Information (To be completed by the student)

Student's Name:

ID #:

### Section II: Course Information (To be completed by the student in consultation with Faculty Instructor of Record)

Semester/Year:

Course Name/#:

Planned Number of Units:

Internship Start Date:

Internship End Date:

Grade Mode (select one):

Faculty Instructor of Record Name:

List primary responsibilities at the Learning Site:

### Section III: Internship Learning Outcomes and Oversight (to be completed by the Faculty Instructor of Record with the student)

Learning Outcomes – Through this course, students will:

1. Integrate academic study with practical experience in a cooperating organization
- 2.
- 3.

Plan for evaluating progress on learning outcomes:

Plan for collecting and reviewing assignments and/or evaluations completed by the student:

Plan for collecting and reviewing evaluations completed by the on-site supervisors:

#### **Section IV: Student Agreement**

I will devote approximately \_\_\_\_\_ hours per week towards completion of the responsibilities and learning outcomes listed above for a total of \_\_\_\_\_ hours, during semester/year \_\_\_\_\_. I agree to complete any paperwork, orientations, and class assignments required by my professor and/or site supervisor as a part of this learning activity.

I have read, understand, and agree to comply with these guidelines.

Student Name (please print):

Date:

Student Signature:

#### **Section V: Learning Site Information (to be completed by the internship provider)**

Organization Name:

Site Supervisor Name (please print):

Address:

Email:

Phone Number:

#### **Section VI: Approvals**

Site Supervisor Name (please print):

Date:

Site Supervisor Signature:

*Note to Site Supervisor: If you haven't already, you will receive an email from [cce@sonoma.edu](mailto:cce@sonoma.edu) about the risk management process for internships.*

Faculty Instructor of Record Name (please print):

Date:

Faculty Instructor of Record Signature:

Chair Name (please print):

Chair Name Signature:

Date:

Dean Name (please print):

Date:

Dean Signature:

*Note to Dean: Please forward the signed Internship Learning Contract to all the previous signatories, cceilc@sonoma.edu, and the University Scheduler, Dennis Goss (dennis.goss@sonoma.edu).*

**WAIVER OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND  
AGREEMENT TO PAY CLAIMS**

Activity:

Activity Date(s) and Time(s): \_\_\_\_\_ to \_\_\_\_\_

Activity Location(s): \_\_\_\_\_

In consideration for being allowed to participate in the above-referenced Activity, on behalf of myself and my next of kin, heirs, representatives, and assigns, I hereby **release, waive, and discharge from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Sonoma State University their employees, officers, directors, volunteers and agents (collectively the “University”) from any and all liabilities or claims, **including claims of the University’s negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, property loss, or economic or emotional loss I may suffer because of my participation in the Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in the Activity, including any associated use of University facilities or premises and any travel to, from and/or during the Activity.**

I agree to **indemnify and hold** the University **harmless** from any and all claims, actions, suits, costs, expenses, and liabilities for any injuries to myself and for any damage to my property or possessions that arise out of or arise from my participation in the Activity, including any injury or damage that occurs during the use of University facilities or premises and any travel to, from and/or during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in the Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

[In the event that any foreign language translation of this document has been attached hereto by the University, the English language version of this document shall be the authoritative version. The English language version shall be controlling in all respects and shall prevail in case of any inconsistency with the translated version].

I have read this document in its entirety, fully understand its terms, and acknowledge that I am signing it freely and voluntarily. **No other representations concerning the legal effect of this document have been made to me.**

Participant Name (please print):

Participant Signature:

Date: