

ASSUMPTION OF RISK AND RELEASE NMA INTERNSHIP

for STUDENT ONLY

I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in a New Media Arts industry visitation and practicum experience, to which I might be exposed to during my educational activities in conjunction with my New Media Arts internship program at:

Name of Internship Location

Dates of Internship

Address of Internship Location

City

State

Zip

and during my enrollment in:

Course Number: Title

Semester/Year

Course Instructor

I do hereby agree to assume all the risks and responsibilities surrounding my participation in this program or any independent activities undertaken as an adjunct thereto; and, further, I do for myself, my heirs, executors and administrators remise, release, and forever discharge the above listed company, the University and all of their officers, agents and employees, acting officially or otherwise, from any and all property or personal injury which may result from any cause during the period of participation as aforesaid.

IN WITNESS WHEREOF, I have caused this release to be executed this:

_____ day of _____, 20_____.

Student's Name (Typed)

Student's Signature

Parent or Guardian Name (Typed)

Parent or Guardian Signature (if Student is under 18 years of age)

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copies to: New Media Arts Counselor | Internship Location | Student Intern