

Internship Learning Agreement, Assumption of Risk, and Release

Name: _____

Phone Number: _____

Email Address: _____

Internship Site: _____

Internship Address: _____

Supervisor Name: _____

Supervisor's Phone: _____

I understand that I must comply with all terms and satisfy all requirements of the Management 489 Internship Guidelines in order to receive credit for the internship, including but not limited to the following: I understand that I must accomplish the stated minimum number of hours within the stated dates at the indicated internship site; I must perform satisfactorily in the opinion of my internship supervisor; and I must present all report materials in the format and at the quality level required. By my signature below, I acknowledge that I have read and agree to the above listed conditions, and I understand that I must satisfy the internship requirement listed in this document.

I understand and acknowledge that there may be significant risks associated with my participation in the internship. I also understand that The University of Tennessee has not undertaken to evaluate the specific risks or safety concerns of any particular internship location or facility. In consideration of being permitted to participate in the internship and The University of Tennessee's financial or other support of the internship, any credit to be earned as a result of my participation, if any, and because I am voluntarily participating in the internship, I acknowledge and agree that I assume all risks associated with participating in the internship and agree to the terms set out in this Internship Participation Agreement. Further, I release The University of Tennessee, and its trustees, officers, and employees, from all claims, including negligence, that may arise from my participation in the internship, whether foreseen or unforeseen, known, or unknown, and I assume full responsibility for any injuries, damages, or losses that may arise out of my participation in the internship, up to and including my death.

Participant must also agree to the FERPA release below

In addition to the agreement set forth above, I acknowledge that I have certain privacy rights as student of The University of Tennessee under the Family Educational Rights and Privacy Act found at 20 U.S.C. § 1232g ("FERPA"). In accordance with FERPA, by signing below, I consent to the release of my education records maintained by The University of Tennessee to the internship facility and the release of my education records (if any) maintained at the internship facility to The University of Tennessee, which are necessary for or relevant to my participation in this internship, in The University of Tennessee's sole discretion. Additionally, I give my consent for The University of Tennessee to discuss these education records and matters related thereto with the internship facility.

Intern Signature

Date

By my signature below, I acknowledge the above student has met the necessary educational requirements and is prepared for this internship.

M&E Coordinator Signature

Date