



**INTERNSHIP RELEASE FORM**

Internship Activities/Job Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of student: \_\_\_\_\_

Student's date of birth: \_\_\_\_\_

I am signing this release so that I can participate in the activities described above in connection with the Psychology Department at Arizona State University. I agree to assume the risk that unexpected events may occur and result in harm, injury, or illness to me while I am participating in these activities or in connection with transportation to and from destinations or finding food or lodging. I agree to indemnify ASU and not to sue ASU for any harm or damage associated with my participation if the harm or damage is not due to the negligence or fault of ASU.

If I require emergency medical treatment, please contact: \_\_\_\_\_

Name of Emergency Contact Person: \_\_\_\_\_

Home \_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

If the emergency contact person I have listed is not available, please contact:

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

If neither my emergency contact person nor my doctor are available at these phone numbers, I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment.

In the agreement, ASU means Arizona State University Main Campus, the Arizona Board of Regents, the State of Arizona and their employees and agents.

Signature of student \_\_\_\_\_

Date: \_\_\_\_\_

**\*Return this form to the Psychology Internship Coordinator.**