



PLEASE PRINT OR TYPE

COMPANY: _____ SUPERVISOR: _____

WORK LOCATION: _____

PHONE: _____ E-MAIL: _____

DESCRIBE INTERNSHIP: _____

DESCRIBE WORK TO BE PERFORMED: _____

STUDENT'S NAME: _____ has been accepted by
my firm/company for an internship for (academic term) _____ (year) _____.

By signing below, I agree that:

- A. The student will work 150 hours during the academic term.
- B. An employee of the company will serve as supervisor/mentor during the student's employment.
- C. A company employee will provide an evaluation of the student's work at the end of the term of employment.
- D. To the extent authorized under the laws of the State of Nevada, the University and the Hank Greenspun School of Journalism and Media Studies shall not be liable for any loss, damage, liability, cost or expense to the person or property of another either caused by or caused to the intern named herein, except as may be directly attributable to the negligence of the University, its officers, employees and agents. The employer named herein agrees to indemnify and hold harmless the University and any of its officers, employees, agents and students from any loss, damage, liability, cost or expense to the person or property of another caused by the intern.
- E. The internship locale (and any remote locations therefrom), as well as all persons associated therewith, are outside the control of the University, either directly or indirectly. The University cannot and does not assume and responsibility for any injuries, howsoever caused, which may arise out of the course and scope of this internship.

SIGNED _____ Date _____
Employer Internship Coordinator

Print Name: _____ Title: _____

Hank Greenspun School Internship Coordinator

APPROVED: _____ Date _____