Dear Marketing 567 Intern for Summer 2018,

You are currently requesting to participate in a summer internship opportunity through San Francisco State University. Participation in these opportunities requires that the host agency execute a formal Learning Placement Site Agreement (LPS Agreement) with the University. The LPS Agreement outlines the roles and responsibilities of the agency at which students will be interning. Receipt of the signed LPS Agreement also serves to activate student internship insurance coverage for you through the University’s insurance program administrator. The Institute for Civic and Community Engagement (ICCE) will work directly with your internship organization to obtain your LPS Agreement.

Standard practice dictates that the LPS Agreement should be signed by both the host agency and the University and insurance coverage be in place prior to you being placed on-site for an internship. Though the University strongly discourages your participation in an internship opportunity prior to receipt of the signed LPS Agreement, we understand that summer internship opportunities are fast approaching and that some agencies might not be able to have the LPS Agreement signed prior to the placement.

If you wish to begin a summer internship opportunity to receive academic credit prior to receipt of the executed LPS Agreement, you understand and acknowledge that insurance coverages intended to protect you from risks inherent in most internship opportunities cannot be extended to you by the University's insurance program administrators until receipt of the signed LPS Agreement.

Please be informed that the California State University assumes no liability for damage, injury, and death, which may occur during your participation in the Summer 2018 internship. Your participation in the program is voluntary, and you participate at your own risk.

In addition to the LPS Agreement, you must also complete and submit the attached “Release of Liability, Promise not to Sue, Assumption of Risk and Agreement to Pay Claims” statement. Please review the statement carefully before signing it. If you have any questions about this advisory or the statement, please feel free to contact Enterprise Risk Management at (415) 338-2565. Please submit this signed document (3 pages) to Professor Kathy O’Donnell (SCI 368) no later than June 4th so that she may review and forward it to ICCE.

Michael Beatty, Risk Manager

To be completed by student intern participant:

My signature below acknowledges that I have received and read this advisory.

______________________________  ___________________________  ________________
Student Printed Name               Signature                   Date

______________________________  ___________________________  ________________
Faculty Printed Name               Signature                   Date

Page 1 of 3

03/2018
RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: ____________________________________________________________

Activity Date(s) and Time(s): ___________________________________________

Activity Location(s): _________________________________________________

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of the California State University, San Francisco State University and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this 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 this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and 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 this 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.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: __________________________________________

Participant Name (print): ________________________________________

Date: ______________________

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant’s behalf, (b) promising not to sue on my and the Participant’s behalf, (c) and assuming all risks of the Participant’s participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document and attached schedule, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

________________________________
Signature of Minor Participant’s Parent/Guardian

__________________________________    __________
Name of Minor Participant’s Parent/Guardian (print)           Date

________________________________
Minor Participant’s Name