



# RESEARCH CORPORATION OF THE UNIVERSITY OF GUAM

## RCUOG INTERNSHIP AGREEMENT FORM

This agreement is made this \_\_\_\_\_ day of \_\_\_\_\_ by and between the Research Corporation of the University of Guam (RCUOG) and \_\_\_\_\_, the intern.

Please read this form carefully. Note that by signing this waiver and release and participating in the internship described below (the "Activities"), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you might sustain as a result of any and all activities connected with and associated with the Activities.

Supervisor of Intern: (Print name) \_\_\_\_\_

Intern: (Print name) \_\_\_\_\_

Intern Contact Number: \_\_\_\_\_

Description of Activities: \_\_\_\_\_

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

Internship Location: \_\_\_\_\_

Internship Dates From \_\_\_\_\_ to \_\_\_\_\_

I, the above named intern, am 18 years of age or older, and am performing as an intern at the University of Guam/RCUOG of my own free will. I acknowledge that within the course and scope of my activities as an intern, I may be exposed to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks. In consideration of being permitted to participate in the Activity, I hereby accept all risk to my health, including any injury or death, and property that may occur while I am acting within the course and scope of the Activity as an intern or otherwise participating in the Activity. To the best of my knowledge, I can fully participate in this activity.

I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the University of Guam or the Research Corporation of the University of Guam, their respective Board of Regents/Board of Directors, or their respective employees (hereinafter referred to as RELEASEES), from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while interning or otherwise participating





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## **PERMISSION by Intern's Parent or Legal Guardian under 18 years of age**

I hereby give consent for my child to intern with the Research Corporation of the University of Guam.

\_\_\_\_\_ ,  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YY)