

WAIVER OF LIABILITY

DEPARTMENT OF ART INTERNSHIP AND OBSERVATION WORK

I, _____, the undersigned, a student enrolled at Youngstown State University, in consideration of certain opportunities given to me in completing the Department of Art Internship, do hereby release Youngstown State University, its employees, the State of Ohio, and its representatives and employees, and any private entity or governmental agency, federal, state, or local, to which I am assigned as an intern in said Department of Art Course from any and every liability of whatever nature for any and every injury, physical and/or mental, that I may suffer while pursuing my studies as an enrolled student, on or off campus.

(PLEASE PRINT)

Last Name _____ First Name _____ Banner ID # _____

Social Security Number ____ - ____ - ____ Major _____ Minor _____

Telephone Number [____] _____ E-mail address _____

Street Address _____

City _____ State _____ Zip _____

NOTIFY IN CASE OF EMERGENCY:

Emergency Contact Name: _____ Relation: _____ Phone: _____

Emergency Contact Name: _____ Relation: _____ Phone: _____

Student's Signature: _____ Date: ____/____/____

Must be returned to the Department of Art prior to the first day of class.