

Pepperdine University

Seaver College Internship/Field Work Agreement and Registration Form

A. Registration Information- to be completed by Student

Student Name _____ Phone _____ Student ID _____

Address _____

Pepperdine e-mail _____

Major _____ Units completed _____ Term _____

Citizenship: Domestic (U.S.) International

Pepperdine Athlete: Yes No

Course Prefix and Number: _____

Instructor name _____

Number of units for which the internship/field work will be taken (check one):

1 unit = 45 hours of internship/field work

2 units = 90 hours of internship/field work

3 units = 135 hours of internship/field work

4 units = 180 hours of internship/field work

Grade Type:

Graded CR/NC

For the following grade types please make a notation of how many graded units and how many Cr/NC units

Summer scholarship (Eligibility: min of 1 **graded** unit; remaining units may be taken Cr/NC for a max of 2 units)

Fall or Spring Randall or Lindley Travel Scholarship (Eligibility: min of 1 **graded** unit)

_____ # of graded units _____ # of Cr/NC units

B. Employment Information-to be completed by Student & Employer

Employer Name _____ Phone _____

Address _____ City _____ Zip _____

Supervisor Name _____ Title _____ Phone _____

Email Address _____

Start date: _____ End date: _____ Hours per week: _____ Number of weeks _____

Hours Scheduled to Work: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Describe the job responsibilities, tasks, and learning opportunities:

Agreements and Signatures

Employer: I have reviewed this Internship/Field Work Agreement with the student and we have agreed upon the assigned work and learning components appearing above. I agree to provide assistance, training, consultation and periodic review in order to assist the student in meeting his or her goals and primary learning objectives; and provide an orientation to our organization, policies and procedures. I understand that the student must report to the place of business and working from home or in a home-based business does not constitute an internship. I will submit an end of term review of the student's work performance after discussing it with the student.

Employer signature _____ Date _____

Division Faculty Internship/Field work Supervisor:

Faculty Signature _____ Date _____

Division Chair:

Chair Signature _____ Date _____

Student:

Student Signature _____ Date _____

Assistant Dean:

Assistant Dean Signature* _____ Date _____

*I acknowledge that the requirements for this class comply with all established University, college, and divisional policies related thereto, including but not limited to the credit hour policy, academic policies, and Seaver student policies and procedures.

PEPPERDINE UNIVERSITY SEAVER INTERNSHIP/FIELD
PROGRAM ASSUMPTION OF RISK, WAIVER OF LIABILITY,
INDEMNITY AND TERMS OF PARTICIPATION AGREEMENT

In consideration of my voluntary participation in the Seaver Internship/Field Program (the "Program"), I, for myself, my heirs, personal representatives or assigns, agree as follows:

ASSUMPTION OF RISK: I understand and acknowledge that there are significant risks associated with my participation in the Program. These risks include, but are not limited to, out of state travel, local travel to and from the internship/field site, the condition of the internship/field site, dangerous criminal activity at or near the internship/field site, no or minimal supervision and/or security at the internship/field site, individuals with whom I will be working/serving could have a criminal background, and my assigned duties and responsibilities could be dangerous. I further understand and acknowledge that Pepperdine University does not represent, act as an agent or assume liability, for the transportation carriers, facilities, or other suppliers of services in connection with the Program. Despite the above risks, I voluntarily choose to participate in the Program, and I assume all risks, whether known or unknown, which could result in physical or mental injury, death, and property damage or loss, and which may occur before, during, or after my participation in the Program.

I Verify that I have read and understood this Assumption of Risk provision by Placing My Initials Here: _____

WAIVER OF LIABILITY: I release, waive, discharge, and covenant not to sue, Pepperdine University, its governing board, officers, directors, agents, and employees (collectively "Pepperdine") from and against any and all damages, claims, costs or expenses of any nature whatsoever arising out of my participation in the Program, including but not limited to physical or mental injury (including death), social and economic loss, property damage or loss, hospital and medical expenses, legal and defense costs as well as settlements, judgments, fines, and penalties of any nature whatsoever arising out of my participation in the Program or resulting from the negligence or other acts, however caused, by anyone, including any employee, agent, or contractor of Pepperdine.

I Verify that I have read and understood the Waiver of Liability provision by Placing My Initials Here: _____

INDEMNIFY AND HOLD HARMLESS: I agree to indemnify and hold Pepperdine harmless from any and all claims, actions, suits, judgments, costs, expenses, damages and liabilities, including attorney's fees, which in any way relate to or arise from my participation in the Program. If Pepperdine incurs any of these types of expenses, I agree to reimburse it.

I Verify that I have read and understood the Indemnify and Hold Harmless provision by Placing My Initials Here: _____

TERMS OF PARTICIPATION:

1. I will comply with the employer's rules and regulations; report for work on time; complete assignments competently; maintain a professional attitude and appearance.
2. I will uphold all codes of conduct as stated in all University publications, including the Seaver College Student Handbook and Academic Catalog; abide by all local, state, and federal rules, laws and regulations.
3. I will contact the instructor as needed and participate in (course prefix and number)
_____.
4. I understand that to be eligible for academic credit an internship must be at a place of business. Home businesses are not eligible, nor is working remotely at my residence. I will immediately inform the instructor if my internship does not meet this requirement.

5. I will take the initiative to discuss my internship experience with my supervisor, and the course instructor.
6. I will record in my journal the major events of the internship. The written reflection will be turned in as assigned by the faculty.
7. I will pose questions and ask for clarity from my employer on specific assignments and projects required.
8. I will immediately notify the instructor if any difficulties are experienced with the site or employer.
9. I will use good safety sense in all aspects of my internship.
10. I will notify the instructor and my supervisor of any health or medical conditions that might affect my placement or performance in the internship.
11. I understand that I am responsible for all expenses, which I incur in association with my participation with respect to this Program including, but not limited to, expenses related to _____.
12. I will intern for _____ hours weekly for _____ weeks for a total of _____ hours.
13. My failure to comply with these obligations could result in disciplinary action, up to and including expulsion from the Program and dismissal from the University.

I Verify that I have read and understood the Terms of Participation provision by Placing My Initials Here: _____

Primary Learning Outcomes

To be completed by Student and Faculty Internship Sponsor: please include three learning outcomes developed specifically for the internship site and student's educational goals.

1. _____
2. _____
3. _____

I AM 18 YEARS OR OLDER. I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK, WAIVER OF LIABILITY, INDEMNITY AND TERMS OF PARTICIPATION AGREEMENT AND UNDERSTAND ITS TERMS AND THEIR SIGNIFICANCE AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I ACKNOWLEDGE THAT THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE CONTRACTUAL IN NATURE AND NOT MERE RECITAL. I ACKNOWLEDGE THAT I AM SIGNING THE AGREEMENT FREELY AND VOLUNTARILY AND INTEND THAT, MY SIGNATURE INDICATES A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I FURTHER AGREE THAT THIS AGREEMENT SHALL BE GOVERNED AND INTERPRETED IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA.

Student Signature: _____ **Date:** _____

Student Name (please print): _____ **Student ID#:** _____

Internship Site: _____