

PERSONAL CONDUCT

I understand that the responsibilities and circumstances of an off-campus internship may require a standard of professional decorum. Therefore, I indicate my willingness to understand and conform to the professional standards of the internship site. I further understand that it is important to the success of the present internship and the continuance of future internships that interns observe standards of conduct that would not compromise NYCCT in the eyes of individuals and organizations with which it has dealings. I agree that should the College Internship Coordinator or my Program Advisor decide that I must be terminated from my internship because of conduct that might bring the program into disrepute or the internship into jeopardy that the decision will be final and may result in the loss of academic credit if applicable.

GENERAL RELEASE

I understand NYCCT reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions or in the general interest of the internship program. I understand that the NYCCT Internship Coordinator and my Program Advisor may take any actions he/she considers to be warranted under the circumstances to protect my health and safety and/or to guard the integrity of the Internship Program, including termination of the internship experience.

It is further expressly agreed that the internship site and its use of any and all facilities shall be undertaken by me at my sole risk and that NYCCT or The City University of New York shall not be liable for any and all claims, demands, injuries, damages, actions, or causes of actions, whatsoever to me or to my property arising out of or connected with the internship and with the use of any and all services, or facilities associated with the internship, whether or not sponsored by NYCCT.

I release, discharge, defend, indemnify, and covenant not to sue NYCCT, CUNY, employees or agents as to any and all liability that may arise out of injury or harm to me, death, or property damage, resulting from my participation in this internship.

STUDENT SIGNATURE: *[Handwritten Signature]* Date: 12/20/16

WITNESS: ANNA ONISZCZAK x *[Handwritten Signature]* Date: 12/20/16
Print and Sign (If student is under 18 years old, the Witness may not be the guardian or parent below)

If Student is under 18 years of age, his/her parent/guardian shall sign below:

GUARDIAN NAME and SIGNATURE: _____
Date: _____

Return form to Academic Advisor/Internship Coordinator BEFORE beginning internship