



## NEW YORK CITY COLLEGE OF TECHNOLOGY STUDENT INTERNSHIP AGREEMENT

***This is a release. Please read carefully.***

**STUDENTS MUST SUBMIT THIS COMPLETED FORM TO THEIR ACADEMIC ADVISOR/INTERNSHIP COORDINATOR WHEN REGISTERING FOR AN INTERNSHIP.**

I, Lana J Roff, ID# 23336260 am a student at New York City College of Technology (NYCCT or the College) and plan to undertake an internship during the Fall semester of 2017 at the following entity:

The Gateway: Performing Arts Center of Suffolk County; 215 S. Country Rd., Bellport, NY 11713  
*Internship Provider and Address*

Miguel Valderrama  
*Name of NYCCT Academic Advisor/Internship Coordinator*

NYCCT itself does not control the way in which the internship work experience and the internship site is structured or operates. Whether for academic credit or purely for the work experience, the College affirms that this internship, to the best of its judgment, is an appropriate curricular option but makes no other assurances, expressed or implied, about any travel and living arrangements the student has made.

NYCCT does not knowingly approve internship opportunities which pose undue risks to their participants. However, any internship or travel carries with it potential hazards which are beyond the control of the College and its agents or employees.

### **INSURANCE COVERAGE**

- I understand that I am responsible for sufficient health, accident, disability and hospitalization insurance to cover me during my internship; I further understand that I am responsible for the costs of such insurance and for the expenses not covered by this insurance, and I recognize that NYCCT does not have an obligation to provide me with such insurance.
- I will release, defend and indemnify NYCCT from any liability for injury to myself or damage to or loss of my possessions.
- College has no liability for personal injury or property damage which may result from that use. I agree to rely solely on my personal vehicle insurance coverage and on any insurance coverage provided by my internship agency.
- I understand that although some internships may be paid, others are voluntary in nature and there may be no compensation for services performed. It is my decision as to whether I participate in an unpaid internship. I acknowledge that this internship, whether for college credit or not, involves real-life situations and provides educational experiences not obtainable in a classroom setting. I understand that I will not be entitled to unemployment compensation benefits upon completion of my internship. Further, I understand that NYCCT assumes no liability for personal injury which I may suffer in the course of my internship and that I am not covered under NYCCT's workers' compensation insurance policy.

## 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: Lana J Roff Date: 4/28/17  
WITNESS: Anita Seeratan Anita Seeratan Date: 4/28/17  
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**