INTERNSHIP RELEASE DOCUMENT

In consideration for being allowed to participate in a CTVA internship, I ________________________________ do hereby irrevocably and personally release, hold harmless and forever discharge the State of California, the Trustees of the California State University, California State University, Northridge and each and every officer, agent and employee of each of them (hereinafter collectively referred to as the “State”) from all claims, causes of action, or liability of every kind which I may have in the future or that any person claiming through me may have in the future against the State by reason of any injury to person or property, or death, in connection with my participation in the above described activity.

To insure my own well-being, I will do one of the following:

(Circle the number of one of the choices)

1. I agree to sign up for the CSUN Associated Students Health Insurance Plan, or
2. I already have health insurance with __________________________, or
3. I choose not to be covered by health insurance and take personal responsibility for my needs.

I have read this release and understand the terms used in it and their legal significance. This release is freely and voluntarily given with the understanding that rights to legal recourse against the State are knowingly given up in return for allowing my participation in the internship activity.
PRINT Student’s Name: ________________________________

Student’s Signature: ________________________________  Date