FIELD EXPERIENCES (INTERNSHIP) FORM
PLEASE return both sides of form—signed by you—to Fell 456 to obtain permit to enroll for appropriate class.

Requirements:
+ School of Communication major or minor
+ Completion of basic courses in major/minor
+ 2.5 overall GPA
+ Signed waiver of liability (on back of this form)

Semester: (circle one) Fall Spring Summer
Calendar Year: ____________

Student Name: ____________________________
UID Number: ____________________________

Telephone: ____________________________ Email: ____________@ilstu.edu

Local Mailing Address: ____________________________

Major: (circle one) Mass Media Journ PR Com Studies Overall GPA: ______

Year in School: (circle one) Sophomore Junior Senior Credit Hours Completed: ______

Internship: (circle one) On-Campus Off-Campus Previous Internships for Credit: ______

Name of Organization: ____________________________

Internship Supervisor: ____________________________ Phone: ____________________________

Title of Supervisor: ____________________________ Email: ____________________________

Internship Site Mailing Address: ____________________________

Internship Start Date: ___/___/____ End Date: ___/___/____
Credit Hours Earned: ______ Hours worked per week: ______

Faculty Coordinator: ____________________________ Phone: ____________________________

Signature: ____________________________ Date: ____________________________

Student Signature: ____________________________ Date: ____________________________

By signing this form I acknowledge that I agree to the requirements presented in the Field Experiences syllabus.
FIELD EXPERIENCES (INTERNSHIP)
ASSUMPTION OF RISK AND WAIVER OF LIABILITY

This document must be completed in order to participate as an intern in the Field Experiences Program sponsored by the School of Communication at Illinois State University (the “Program”).

Participant (print full name):
___________________________________________________

I, the undersigned, am either the participant named above or the parent and/or legal guardian of the minor participant named above (both of whom are referred to herein collectively and individually as the “Participant”). I am familiar with the activities, responsibilities, conditions and risks that are associated with participation as an intern or volunteer in the School.

I understand that participation in the Field Experiences program can include foreseeable and unforeseeable risks. Participant freely and voluntarily participates, or allows participation, in the Program with knowledge of the dangers involved and agrees to assume and accept any and all risk of participation in the Program. I understand that Illinois State University does not assume any liability whatsoever for personal injuries or property damages to any person arising out of Participant’s participation in the Program or activities related to it. I also agree to release, indemnify and hold harmless Illinois State University from any and all liability and claims arising out of, or related to, Participant’s activities in the Program.

I certify that I have health insurance to cover the costs of treatment in the event of any injury. In the event of injury, I also consent to the providing of emergency aid or other medical care as may be appropriate under the circumstances.

_______ I am signing this Agreement for myself as Participant. I am at least eighteen (18) years of age and I understand the terms of this Agreement. I also acknowledge that this Agreement will bind my heirs and personal representatives.

Signature of Participant __________________________ Date ______________

- - - - - - - - (or) - - - - - -

_______ I am signing this Agreement on behalf of a minor Participant. I am the Parent/Guardian of the Participant and I understand the terms of this Agreement. I also acknowledge that these terms will bind my heirs and personal representatives and the heirs and personal representatives of Participant.

Signature of Legal Guardian and/or Parent of Participant __________________________ Date

NOTE: Return this document to Faculty Coordinator with “Field Experiences Form.”