

Intern Waiver
WAIVER BY STUDENT ENROLLED IN HLTH 4900,
HEALTH PROMOTION INTERNSHIP

DIRECTIONS: Submit the completed form to the Health Promotion Coordinator prior to beginning your internship.

I understand that as a student in the Health Promotion Internship Program conducted by the Health Promotion Department of University of North Carolina at Pembroke and _____ (supervising agency), I waive any claim or cause of action against the aforementioned agency, or their respective officers, employees, or agents thereof, for any illness or personal injury, regardless of cause, which arises out of or is in any way connected with my participation in the internship program.

Intern's Signature

Date