



Student Waiver & Release Form

Internship & Cooperative Education Programs

CAREER DEVELOPMENT CENTER

1164 Bishop Street, Suite 122

Honolulu, HI 96813

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I, _____ (STUDENT), wish to participate in an internship or cooperative learning arrangement with _____ (EMPLOYER), to begin on or around _____ (DATE).

In return for my participation, I the student, hereby AGREE AND ACKNOWLEDGE as follows:

1. I understand and acknowledge that EMPLOYER shall be solely responsible for the terms and conditions of my internship/cooperative learning experience. I understand that my placement with EMPLOYER does not create an employment relationship between me and Hawai'i Pacific University, its related entities, agents, directors, advisors, officers, employees, or representatives ("HPU"). Similarly, I understand that HPU is not guaranteeing any terms or conditions of my internship/cooperative learning experience with EMPLOYER, or even that EMPLOYER will employ me during or after the program.
2. I agree and consent to voluntarily waive and release, to relinquish, to hold harmless, to indemnify and to forever discharge HPU from any and all claims or causes of action against HPU related to or arising from my internship/cooperative learning experience with EMPLOYER, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate.
3. I recognize that while I am working for EMPLOYER, I will be treated in the same way EMPLOYER treats all of its employees, agents and volunteers. In the event of an emergency at work, for example, EMPLOYER will retain primary responsibility for notifying my emergency contact person. Nonetheless, I am also providing the emergency contact information below so that HPU may assist EMPLOYER if HPU believes it to be appropriate:

Emergency Contact: _____
Relationship: _____
Telephone Number: _____

AGREED TO BY:

Signature: _____ Date: _____