Studen a

Lan ni de health or liability insurance or Internship Studen . If
heal coverage are required by the pa business it is the res onsibility
of tl entation of coverage.

I, _ _____ (stu) in consideration of eing
perr ternship and recognizing the c ational and potential areer
valu e that I will reap from it. I, on half of my beirs and state or
any gh me, hereby voluntarily waiv and hold harmless La ar
Uni ersity System, their regents, er nstructors, volunteer and
ager any loss, claim, liability, or d ing out of the Intern ip
Prog include any and all losses I ma cluding personal inju ,
prop **ntarily** intend this waiver to b nterpreted in favor o he
rele **nd hereby to waive any and a** **may have that resu from**
the Released Parties.

I ful this form, I am

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all personal and property risks the activities of said ourse(s).

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