# Appendix D

Intern Waiver

WAIVER BY STUDENT ENROLLED IN HLTH 4990, Community and Public Health INTERNSHIP DIRECTIONS: Submit the completed form to the Internship Coordinator (sandy.neal@mtsu.edu) or AMG 208.

I understand that as a student in the Community and Public Health Internship Program conducted by the Community and Public Health Division of the HHP Department of Middle Tennessee State University 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. I agree to abide by the rules set by the Community and Public Health area at Middle Tennessee State University concerning eligibility for Internship and requirements for completing the internship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MTSU Community and Public Health Faculty Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date