

UNIVERSITY OF HOUSTON-DOWNTOWN

DEPARTMENT OF SOCIAL SCIENCES

INTERNSHIP PARTICIPATION ACKNOWLEDGMENT

Student Name: \_\_\_\_\_ Student ID \_\_\_\_\_

Date: \_\_\_\_\_

Internship Site: \_\_\_\_\_

I am aware that different internship sites may have different levels of risk and acknowledge that certain risks and hazards are inherent in any internship activity and cannot be eliminated, altered, or controlled. Risks that contribute to the unique character of the internship can also be the cause of serious injury or illness, and I fully understand and appreciate the nature of such hazards and risks. Such risks may include, but are not limited to, illness or personal injury caused by exposure to illnesses (including but not limited to communicable diseases (such as influenza and COVID-19), infections, radiation, and germs; using materials, tools, supplies, machinery and/or equipment or other items that are typically found and/or used in clinical activities; and being exposed to other dangerous conditions typically associated with such settings.

I understand that to the extent I have been offered a course alternative (HEA 4301, PSY 4395, SOS 4301) or other internship sites that there may be a tradeoff in the risks and/or experience, and I hereby assume responsibility for the option I have selected. **My participation in the selected Internship is purely voluntary and I elect to do so at my own risk.**

I acknowledge that UH System and UHD in no way represents or acts as an agent for any external internship setting. I also accept and expressly assume all risk to my health and of injury that may result from participating in a particular internship setting.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_