

STATE OF SOUTH CAROLINA)
: ACKNOWLEDGMENT OF
COUNTY OF SPARTANBURG) INTERNSHIP PROGRAM PARTICIPANT

The undersigned student of Converse College (Intern) is participating in the College's internship program during _____ 20_____. The intern understands that neither Converse College nor its staff is liable for injuries or damages sustained by the intern while she is participating in the internship program. Interns are not covered under the College's insurance policies for any injury they may receive at the internship site. Further, there is no coverage by the College's insurance policies for any damages sustained by the internship site as a result of the intern's conduct.

The intern acknowledges receiving adequate and satisfactory information concerning the internship site and the risks associated with working at said internship site and represents that she knows of no reason why she should not be placed as an intern at said internship site. Intern acknowledges her obligation to reveal to the College the existence of any condition which might result in injury or damage to herself or to the internship site as a result of her participation in the College's internship program.

Executed this _____ day of _____ 20_____.

(Signature of student intern)

(Print name of student intern)

