

**FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY**  
**COLLEGE OF SOCIAL SCIENCES, ARTS AND HUMANITIES**  
**Department of Sociology and Criminal Justice**  
**Office of Internship**

**STUDENT WAIVER OF LIABILITY**

I am a student at Florida A&M University working toward a degree in Criminal Justice, Sociology or related field, and I desire to participate in the Field Experience Course and related field trips with Florida A&M University/ Criminal Justice Department during the \_\_\_\_\_ 201\_\_ semester. I understand the sole purpose of said internship and/or field trip is to expose me to the daily operations/training requirements/career opportunities of the department, agency or bureau, thereby furthering my education in the Criminal Justice or Sociology Field.

As a condition of my participation in this program, I now execute this agreement and make the following acknowledgements:

I acknowledge that my participation in this program/activity is completely voluntary and that I will not be entitled to remuneration or pay of any type for said participation. I further acknowledge that my participation in this program/activity does not give rise to an employee-employer relationship entitling me to coverage under the Workmen's Compensation Act, Florida Laws

I acknowledge and agree that the state of Florida, Florida A&M University/Criminal Justice Department and the employees thereof cannot be held liable for any accident or injury suffered by the undersigned rising out of or during the course of this program.

I voluntarily assume risk of all injuries that might occur as the result of the instruction or training to be provided by individual members of Florida A&M University/ Criminal Justice Department.

I agree to make no claim against Florida A&M University/ Criminal Justice Department or any employees thereof for any physical or mental impairment arising out of and during the course of my participation in this program or activity.

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Phone Number (Cell)

\_\_\_\_\_  
Phone Number (Alternate Number)

\_\_\_\_\_  
Emergency Contact Person (s)

\_\_\_\_\_  
Emergency Contact Phone Number

\_\_\_\_\_  
Emergency Contact Person (s)

\_\_\_\_\_  
Emergency Contact Phone Number

\_\_\_\_\_  
Date