

INTERNSHIP COUNTER INDEMNITY FORM

(For participant)

I _____, Student ID. No. _____ hereby acknowledge that USIU-Africa is not responsible or liable for any loss, injury or damage to me or my property, or for any loss, injury or damage occasioned to or suffered by _____ (*Internship Company*) during my internship.

I choose to participate in this internship at my own risk and hereby personally assume any & all risks & liability and hereby release USIU-Africa from any and all liability for any injury, damage or loss to myself or property arising out of or in connection with the internship.

I agree to act in a professional and responsible manner while on the internship and to follow the rules and directions of the supervisors at all times. I acknowledge that USIU-Africa, may not be able to intervene if I become involved in acts of crime or violence; however, in the unfortunate event that I am the victim of a crime or violence, or have a problem I will notify the Internship office at the earliest opportunity and fully co-operate with the relevant authorities as necessary to resolve the matter.

I further acknowledge that USIU-Africa is not responsible for making any payments for me while I am on internship.

Signature (student): _____

Date: _____

Witness Name & Signature: _____

Date: _____

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| <p><i>For Official Use only</i></p> <p>Date received:</p> <p>Internship start date:</p> <p>Checked by:</p> |
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