

Permit Number: _____

Date Issued: _____

Date Returned: _____



Vehicle Parking Request

Employee's Name: _____ Department: _____

Employee's Address: _____
Street Address City State Zip Code

Employee's Vehicle #1: _____
Make Model Color License Plate

Employee's Vehicle #2: _____
Make Model Color License Plate

Employee's Phone Number(s)

Home _____ Work _____ Pager/Cell Phone _____

Employee's Signature: _____

Supervisor's Signature: _____

Security Signature: _____

Human Resources Signature: _____

Your FOX 2 Parking Permit gives you access to WJBK FOX 2 North and East parking lots. You must display this Parking Permit whenever you enter the property. FOX 2 takes no responsibility for damage of any kind while your vehicle is parked on company property. You are expected to surrender your Permit(s) to Human Resources, upon the conclusion of your internship.

CARD # _____

DATE ISSUE: _____

DATE DELETED: _____

DATE LOST: _____

PICTURE ID _____



INTERN SECURITY CARD VALIDATION

Intern's Name: _____ Department: _____

Supervisor's Signature: _____

Internship Duration: Start Date _____ End Date _____

Address:

Street Address

City

State

Zip Code

Intern Vehicle:

Make

Model

License Plate

Intern's Phone Number(s)

Home _____ Work _____ Pager/Cell Phone _____

Intern's Signature: _____ Security Signature _____

Your FOX 2 Security Card gives you access to the station without requiring a station escort each time you enter the building during your internship. You may use your card to enter via the Proximity Reader located next to the building doors that you are authorized to enter. You will be expected to submit the card to your immediate supervisor, upon the conclusion of your internship.



RELEASE AND INDEMNIFICATION AGREEMENT

I hereby release Fox Television Stations Inc., ("Fox"), its officers, directors, agents, employees, stockholders, representatives, successors, invites, assigns and contractors of and from any and all liabilities, claims, actions, demands, controversies, grievances and causes of action whatsoever for any loss, damage or injury that may be sustained by me participating in observing the field crew, including any loss, damage or injury which is occasioned wholly or in part by any act or omission of Fox, its agents, officers, employees, invites or contractors.

I am fully aware of the hazards and dangers. I hereby elect voluntarily to participate. I voluntarily assume all risks of loss, damage or injury, including death, that may be sustained while participating, or being otherwise present on the surrounding premises.

I further agree to assume full responsibility for all claims, liabilities, demands, actions and causes of action whatsoever asserted by any person whatsoever, arising out of my participation or my presence in the surrounding areas where the shoot is being held and shall hold Fox harmless from any and all such claims, irrespective of whether such claims are occasioned wholly or in part by any act or omission of Fox, its agents, officers, employees, invites and contractors.

This Release and Indemnification Agreement shall be binding on my heirs, next of kin, executors and administrators, successors and assigns.

In signing the foregoing Release and Indemnification Agreement, I hereby acknowledge and represent that: (a) I have read the foregoing Release and Indemnification Agreement, understand it and, having been advised that this is a binding legal document on which I am entitled to seek independent legal advice, sign it voluntarily; and (b) that I am over 21 years of age.

Executed this _____ day of _____

Print Name

Signature

If under 21 years of age, Release and Indemnification Agreement must be signed by parent or legal guardian.

Executed this _____ day of _____

Print Name

Signature

Print Name of Parent or
Legal Guardian

Signature of Parent or
Legal Guardian



LETTER OF INTENT

NAME: _____

SCHOOL: _____

SEMESTER/TERM: _____

WJBK FOX 2 is pleased to have you as our intern for the semester indicated above. This internship is granted at the student's request. This letter confirms your understanding of the following terms:

- Students are required to work a minimum of 15 hours per week for a minimum of 12 weeks (a total of 180 hours).
- Students understand and agree that concurrent internships with competing television stations pose a conflict of interest and are not permitted.
- Nothing in this letter shall be deemed to create an employer/employee relationship. You will receive **no monetary compensation**. It is understood your school approves your participation with the FOX 2 College Intern Program and will acknowledge the satisfactory completion of this internship by including such documentation in your records.
- WJBK FOX 2 will complete any evaluation material requested by your school.
- You agree to waive any and all claims against WJBK FOX 2, except for personal injury due to the misconduct or negligence of this entity or by its employees.

Your signature below will acknowledge your agreement to these terms. Please have an authorized person at your school sign, indicating approval has been given for your participation with the FOX 2 College Intern Program.

Student (Signature)

WJBK FOX 2

Debra Lawson

Debra Lawson
Intern Coordinator

University Representative
(Signature)

Title

Name (Please print)