

INTERNSHIP RELEASE DOCUMENT

In consideration for being allowed to participate in a CTVA internship, I
do hereby irrevocably and personally
release, hold harmless and forever discharge the State of California, the Trustees of the
California State University, California State University, Northridge and each and every
officer, agent and employee of each of them (hereinafter collectively referred to as the
"State") from all claims, causes of action, or liability of every kind which I may have in
the future or that any person claiming through me may have in the future against the
State by reason of any injury to person or property, or death, in connection with my
participation in the above described activity.
To insure my own well-being, I will do one of the following:
(Circle the number of one of the choices)
1. I agree to sign up for the CSUN Associated Students Health Insurance Plan, or
2. I already have health insurance with, or
3. I choose not to be covered by health insurance and take personal responsibility for my
needs.
I have read this release and understand the terms used in it and their legal

significance. This release is freely and voluntarily given with the understanding that

rights to legal recourse against the State are knowingly given up in return for allowing

my participation in the internship activity.

PRINT Student's Name:	
Student's Signature:	 Date