



INTERNSHIP FORM RELEASE OF LIABILITY FOR STUDENTS UNDER 18

I AM AWARE that interning for the California Center for Sustainable Energy involves risk of personal injury, property damage, and other risks associated with internship.

I RELEASE the California Center for Sustainable Energy from any and all liability for all loss, damages, and claims, (including attorney fees and costs), resulting from injury to the student listed below or to his or her property arising from the internship.

I HEREBY HOLD HARMLESS the California Center for Sustainable Energy and project organizers from any and all claims, actions, or damages relating to or arising out of any activity related to my internship for the California Center for Sustainable Energy.

These releases are effective for the student listed below, his or her personal representatives, assigns, and heirs.

I HEREBY confirm, represent and warrant that I have never been convicted of any violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense of any kind or any other violation of law, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

I UNDERSTAND I am fully and completely responsible for all healthcare expenses incurred by me if I become injured while participating in California Center for Sustainable Energy's Internship Program, and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods.

FURTHERMORE, I agree to utilize my own vehicle for transportation to and from the California Center for Sustainable Energy, and further agree that I will be fully responsible for any and all damages or injuries sustained by myself, and anyone else in my vehicle. I agree not to provide transportation for any of the children that are attending any of the programs. I hereby represent and warrant that I am fully insured to operate my personal vehicle, to the extent required by law.

I ASSUME FULL RESPONSIBILITY FOR any and all claims and costs (including my own) arising directly or indirectly out of activities, acts, or omissions while I am volunteering with CCSE.

FURTHERMORE, I authorize the California Center for Sustainable Energy to use my name and give any organization involved with the California Center for Sustainable Energy permission to photograph me. I understand that the California Center for Sustainable Energy has permission to use, photographs/videotapes, likeness, image, voice and biography in all media, publications, advertising and for publicity purposes in connection with my participation with a California Center for Sustainable Energy Internship Program related activity or project unless written notice is received to the contrary.

I CERTIFY that the statements made in this volunteer release are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party, with legal and proper interest, and I release the California Center for Sustainable Energy from any liability whatsoever for supplying such information. I understand that the student listed below will not be paid for services as a volunteer.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THE RELEASE AND INDEMNITY AGREEMENT. I HAVE BEEN INFORMED THAT UPON MY 18TH BIRTHDAY, I WILL BE REQUIRED TO SIGN A NEW RELEASE OF LIABILITY.

STUDENT NAME: _____
PARENT NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PARENT PHONE: _____ PARENT -or- MINORS CELL PHONE: _____
STUDENT E-MAIL ADDRESS: _____
MINORS SIGNATURE: _____ DATE: _____
**GUARDIAN, IF UNDER 18 : _____ DATE: _____

** A Parent or Guardian must sign if under the age 18 at time of signature.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THE RELEASE AND INDEMNITY AGREEMENT. Please return this form to:

**California Center for Sustainable Energy
Human Resources Department
8690 Balboa Avenue, Suite 100
San Diego, California 92123
Attn: Abigail M. Reyes
abigail.reyes@energy.center.org**

EMERGENCY INFORMATION

Please notify the following individual(s) immediately in the event of a medical emergency.

CONTACT 1

Name _____ Relationship _____

Street Address _____

City, State, Zip _____

Phone Number (day) _____ (evening) _____

CONTACT 2

Name _____ Relationship _____

Street Address _____

City, State, Zip _____

Phone Number (day) _____ (evening) _____

Any special medical conditions or medications that emergency personnel should be aware of:

Dated this _____ day of _____ (date)

Signature of Participant _____ Date of Birth _____

Signature of Parent or Legal Guardian _____