Maharishi International University
International Internship Agreement Form

Student’s Name: __________________________________
Place of Internship: _____________ Dates of Internship: __________________________
Name of Internship Provider (Organization): ______________________________________
Name of On-Site Supervisor: ___________________________________________________

Note: Health insurance is required to cover travel and the duration of the internship.
I have health insurance covering the international travel and internship:  □ Yes  □ No
Name of insurer and policy number: _____________________________________________
___________________________________________________________________________

Agreement and Release

The University is very pleased to be able to offer to you an international internship. Having offered many international programs very successfully to many students over the last 15 years, we have carefully structured these programs to maximize the learning experience and comfort of all involved. A most important element of the success of the internship is your acknowledgement and firm commitment to the items set out in this Agreement. Also, in order to continue offering these programs and internships, for financial and legal reasons we request that you release the University from liability as provided in this Agreement.

I understand that I am taking a Maharishi International University internship for credit to which the normal University guidelines apply. In addition, and as an express condition of participating in the internship, I understand that the following provisions which will promote my health and safety are required. I, therefore, agree to:

1. **Dignified Behavior.** Represent myself and Maharishi’s University in a dignified manner. I will respect the culture and customs of the country where I am participating in the internship to avoid embarrassment to the University, or our international Movement.
2. **Attendance.** Attend all meetings, work activities, and appointments related to my internship. If health or other reasons prevent me from attending, I will notify the on-site supervisor and my faculty advisor.

3. **Punctuality.** Be on time for meetings, work activities and appointments to maintain professional standards during the internship.

4. **Luggage.** Take care of my own luggage and personal belongings, and not rely on the good will of others. This means I will bring only luggage that I can carry by myself.

5. **Health.** Take care of my health by staying rested and following any reasonable food guidelines provided by the on-site supervisor or faculty advisor. In those countries where it is warranted, I will be especially careful to drink only bottled water and eat cooked foods from hotels and restaurants specified by the on-site supervisor or faculty advisor.

6. **Water.** Be responsible to purchase and carry my own bottled water, if applicable.

7. **Communicate.** Keep the internship provider and my faculty advisor informed of any health concerns I may have, no matter how minor they may seem.

8. **Cooperation.** Cooperate fully with the internship provider and faculty advisor to ensure a smooth and harmonious internship.

9. **Issues with Internship Provider or On-site Supervisor.** If any uncomfortable or deleterious conditions should arise with regard to attitude, decisions, or behavior of the on-site supervisor and/or internship provider organization, or with colleagues or co-workers at the internship site(s), or in regard to my living conditions, or other health or safety considerations, I will report these to my M.U.M. faculty advisor, or the M.U.M. Student Life Department immediately.

10. **Costs.** Assume all costs not expressly agreed upon by the internship provider prior to the start of the internship. These costs include, but are not limited to meals, airport taxes, medical care, emergency costs - including medical costs, and air, transport, lodging, meals and other costs.

11. **Directions.** Attend to the directions and requirements of the internship provider at all times.


13. **Assumption of Risk.** I agree to assume the risks to which I may be exposed as a consequence of my participation in this internship, including but not limited to loss or damage of property, injuries, illness, accidents and other health risks, and financial losses. I understand the University does not require me to participate in this internship, but I want to do so, despite the possible dangers and risks and despite this agreement.

14. **Personal Responsibility.** Certain activities may be planned and supervised by internship providers or faculty advisors and at other times I may be responsible for planning my own activities. During unsupervised periods, I understand and agree to be fully responsible for my own safety and appropriate behavior. When in supervised activities, I agree to remain with the internship provider at all times and be subject to the on-site supervisor’s direction. Should I fail to take such direction, I understand that I may be withdrawn from the
internship and be required to return to the University in Fairfield or to my home on my own and at my own cost and expense.

15. **Medical Treatment.** I understand and agree that the University does not have medical personnel available at the locales of this internship and will not provide Medical Insurance. I understand and agree that the internship providers are granted permission to authorize emergency medical treatment, if necessary, and that such action shall be subject to the terms of the above Release and Agreement. I understand and agree that the University assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment, and that I shall assume and bear responsibility for any cost, medical or otherwise, arising in connection with such medical treatments.

16. **RELEASE.** I agree to assume all risks associated with this trip and release the University, its faculty, staff, and agents from responsibility for said risks. In consideration for and in return for the services, facilities, and other assistance provided to me by the University in this activity, I release and agree to hold harmless the University and its governing board, officers, agents, volunteers, faculty, tutors, chaperones, and employees (hereafter "Releasees") from any and all liability for any harm, injury, damage, claims, demands, actions, causes of actions, costs, and expenses which I or third parties may have or which may hereafter accrue to me or said third parties, arising out of or related to any loss, damage or injury that may be sustained by me or third parties or any property belonging to me or third parties whether caused by the negligence or carelessness of the Releasees, or otherwise, occurring in connection with this internship. It is my express intent that this Release shall bind members of my family and spouse, or any heirs, executors, administrators, and assignees, as well as myself.

I am at least 18 years of age and fully competent to sign this Release. (If under 18, the parent should sign).

I agree to all the above provisions

________________________________________  ______________________
Student’s Signature                         Date

________________________________________
Student ID Number