## ASSUMPTION OF RISK AND RELEASE NMA INTERNSHIP

## for STUDENT ONLY

Name of Internship Location		Dates	s of Internship		
Address of Internship Location		City	State	Zip	
and during my enrollment in:					
Course Number: Title	Semester/Year		Course Instructor		
any independent activities undertake and administrators remise, release, a of their officers, agents and employe injury which may result from any cau	en as an adjunct theret and forever discharge t es, acting officially or use during the period o	o; and, f he abov otherwis f partici	urther, I do for myself, re listed company, the U se, from any and all pro pation as aforesaid.	my heirs, executors Jniversity and all	
and administrators remise, release, a of their officers, agents and employe	en as an adjunct theret and forever discharge t es, acting officially or use during the period o ed this release to be ex	o; and, f he abov otherwis f partici	urther, I do for myself, re listed company, the U se, from any and all pro pation as aforesaid. this:	my heirs, executors Jniversity and all	
any independent activities undertake and administrators remise, release, a of their officers, agents and employe injury which may result from any cau IN WITNESS WHEREOF, I have caus	en as an adjunct theret and forever discharge t es, acting officially or use during the period o ed this release to be ex	o; and, f he abov otherwis f partici	urther, I do for myself, re listed company, the U se, from any and all pro pation as aforesaid. this:	my heirs, executors Jniversity and all	
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