



Learning Contract

Off-Campus Experiences

This agreement is meant to provide guidelines for student internship programs and professional observation experiences and is not meant as a binding, legal document.

This Learning Contract confirms that _____ an active Florida Southern College (“FSC”) student (the “Student”) has secured a qualifying internship professional observation experience clinical experience (nursing only) field study (“the experience”) for the _____ semester of 20____ at _____ (the “Site”). The student will be given the title of _____ and will report to _____ (the “Mentor”). The experience will commence on _____ and end on _____ over which time the Student will be expected to spend a minimum of _____ hours participating in meaningful activities at the Site. The student is seeking 0 1 2 3 4 5 6 7 8 credit(s), or N/A. If seeking academic credit, the student will register for _____ (FSC course). The student’s expected schedule throughout the duration of the experience will be _____.

Purpose. In order to facilitate meaningful educational experiences for students, this Learning Contract is intended to govern the relationship between the Site/Mentor, the FSC Student and, if applicable, the FSC Faculty Advisor.

Contact Information

Student Name: _____ Student ID: _____
Student Phone: _____ Student Email: _____

Name of Organization/Agency (“Site”): _____
Mentor’s Name: _____
Mentor’s Title: _____
Mentor’s Phone: _____ Mentor’s Email: _____
Mentor’s Office Address: _____

FSC Faculty Advisor Name: _____
Faculty Advisor Phone: _____ Faculty Advisor Email: _____

Learning Outcomes

At the conclusion of the internship students should be able to:

- Articulate how the experience relates to the student’s educational and career goals.
- Apply concepts learned in the classroom at the site and vice versa.
- Integrate and synthesize knowledge from diverse disciplines, courses and areas of experience to enhance their classroom education.
- Demonstrate an understanding of personal interests, skills, and values and how these relate to career decision-making.
- Model appropriate workplace behaviors and attitudes.

Student Responsibilities:

Experience Goals. To ensure the student receives a meaningful experience, prior to completion the student will:

1. _____
2. _____
3. _____
4. _____

Conditions

The student attests that they meet all eligibility requirements and agree to abide by all requirements set forth by FSC, their respective department, and FSC Faculty Advisor or Internship Coordinator (if applicable). The students acknowledges that their Mentor may not be a relative. The student also agrees to work under the close observation of mentors at the Site and abide by ethical and professional guidelines set down by the Site, especially respecting confidential agency and clientele information. Unless advised otherwise, students are not entitled to a job at the conclusion of the experience. Additionally, unless payment has been expressly provided by the Site, the student agrees that they are not entitled to wages or other compensation other than their experience and learning for the time spent as a student for the Site, the experience does not create an "employment" relationship under the Fair Labor Standards Act ("FLSA") or any other definition, and the FLSA's minimum wage and overtime provisions do not apply.

All students acknowledge responsibility for their actions and commit themselves to the highest standards of academic and personal integrity and will model excellence of character as outlined in the FSC Honor Code. The Honor Code specifically applies to all situations in which students represent the college or themselves as students of the College, even when classes are not in session.

The student also agrees to participate in activities dictated by their FSC Faculty Advisor or Internship Coordinator, complete the post-experience survey sent by the FSC Office of Institutional Research, and will encourage their Mentor to complete the Evaluation of the Student at the end of the experience.

The Site and Mentor agree to provide all the expertise necessary to facilitate the attainment of the goals cited above.

The FSC Faculty Advisor or Internship Coordinator, if applicable, agrees to provide mentorship and guidance regarding all academic components of the experience.

By signing below, you confirm your understanding of the information indicated above and agree to abide by the terms of this agreement. Any major modifications will be in writing and agreed to by all parties.

_____ Student Signature	_____ Date
----------------------------	---------------

_____ Mentor Signature (from Site)	_____ Date
---------------------------------------	---------------

*relatives of the student may not serve as the mentor

_____ FSC Faculty Advisor/Internship Coordinator Signature	_____ Date
---	---------------

Immediately after completion, the student is responsible for uploading a copy of the completed agreement to www.flsouthern.edu/internships/report-experiences. All required forms must be completed and received prior to the start of the semester.

**FLORIDA SOUTHERN COLLEGE STUDENT INTERNSHIP INSURANCE
COVERAGE, PERSONAL CONDUCT, ASSUMPTION OF RISK, WAIVER OF
LIABILITY, COVENANT NOT TO SUE, INDEMNIFICATION AND HOLD HARMLESS
AGREEMENT**

In consideration for and as a prerequisite of my participation in a student internship during my admission at FSC, I hereby knowingly and fully enter into this **STUDENT INTERNSHIP INSURANCE COVERAGE, PERSONAL CONDUCT, ASSUMPTION OF RISK, WAIVER OF LIABILITY, COVENANT NOT TO SUE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT.**

I, _____, am a student at Florida Southern College (FSC) and plan to undertake an internship during ___ Fall, ___ Spring, ___ Summer, 20__, semester at the following location. _____ (Agency Name, City, State).

I acknowledge that FSC itself does not control the way in which the internship work experience and the internship site is structured and operates. In granting credit for this internship FSC affirms that, to the best of its judgment, the experience is an appropriate curricular or co-curricular option for students in a liberal arts program of study and worthy of FSC credit but makes no other assurances, representations, expressed or implied, about any travel and living arrangements the student has made.

FSC does not knowingly approve internship opportunities that pose undue risks to their participants. However, any internship or travel carries with it potential hazards which are beyond the control of FSC its agents and employees.

1. INSURANCE COVERAGE

I have sufficient health, accident, disability, and hospitalization insurance to cover me during my internship; I further understand that I am responsible for the costs of such

insurance and for the expenses not covered by this insurance, and I recognize that FSC does not have an obligation to provide me with such insurance.

I assume full responsibility for any undisclosed physical or emotional problems that might impair my ability to complete the student internship.

I understand that if I use my personal vehicle for the benefit of or during my student internship FSC, as further stated herein, has no liability for personal injury or property damage which may result from that use. I agree to rely solely on my personal vehicle insurance coverage and on any insurance coverage provided by my internship agency.

I understand that I will not be entitled to unemployment compensation benefits upon completion of my internship.

As stated further herein, I understand that FSC assumes no liability from any personal injury that I may suffer in the course of my student internship and that I have released FSC from any liability, and I agree that it is my responsibility to ascertain whether my student internship agency provides workers compensation coverage for me.

2. PERSONAL CONDUCT

I understand that the responsibilities and circumstances of an off-campus internship may require a standard of professional decorum. Therefore, I indicate my willingness to understand and conform to the professional standards of the internship site. I further understand that it is important to the success of the present internship and continuance of further internships that interns observe standards of conduct that would not compromise FSC in the eyes of individuals and organizations with which it has dealings.

I acknowledge that the Internship Liaison and/or the Career Center personnel has responsibility for setting rules and interpreting conduct for this purpose. I acknowledge that other than the above, FSC, does not have the right to control the daily activities of the student internship. I agree that should the Internship Liaison and/or the Career Center personnel decide that I must be terminated from my internship because of conduct that might bring the program into disrepute, or the internship into jeopardy, that decision will be final and may result in loss of credit.

3. ASSUMPTION OF RISK

I understand that there are certain risks involved in the participation in a student internship. I am aware of a number of potential risks to my personal safety, all of which are beyond FSC's control. These risks include, but are not limited to, travel, the absence of telephones or other means of prompt communication in the community where I may travel, long distances that may separate me from emergency and law enforcement services, sub-standard conditions, exposure to detrimental health conditions, including exposures to illness resulting in death. I acknowledge that it is my responsibility to educate myself of the risks involved with my student internship that I may be exposed to while in service and I acknowledge that these risks exist and **assume responsibility for such risks during my participation in the student internship.** I have made my own investigation of the stated and unstated risks, understand these risks, and assume them knowingly, willingly and voluntarily.

4. WAIVER OF LIABILITY AND COVENANT NOT TO SUE

I hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** FSC, its board, officers, administrators, servants, agents, coaches, and/or employees

(hereafter collectively referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action, whatsoever arising out of or related in any way to any loss, damage, sickness, injury, including but not limited to death, that may be sustained by me or to my property belonging to me **WHETHER CAUSED BY ANY NEGLIGENCE, SIMPLE OR GROSS, OF THE RELEASEES**, or otherwise, while participating in all aspects of my student internship activity.

5. INDEMNITY AND HOLDHARMLESS

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage, or cost, including court costs and attorney's fees that may be incurred due to my participation in the student internship activity, **WHETHER CAUSED BY THE NEGLIGENCE, SIMPLE AND/OR GROSS, OF THE RELEASEES**, or otherwise. This agreement to indemnify and hold harmless includes claims made by me, my parent or others arising out of injury to me and/or others arising from in any way my participation in the student internship.

6. KNOWING AND VOLUNTARY EXECUTION

It is my intent that this Assumption of Risk, Waiver of Liability and Covenant Not to Sue, Indemnification, and/or Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns, and personal representatives, if I am deceased, and shall be deemed as a complete assumption of risk, release, waiver of liability, covenant not to sue, indemnification, hold harmless agreement, and covenant not to sue the above-named RELEASEES as set forth herein. I hereby further agree that this Student Internship Insurance Coverage, Personal Conduct, Assumption

of Risk, Waiver of Liability, Covenant Not To Sue, Indemnification, and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Florida.

In signing this Student Internship Insurance Coverage, Personal Conduct Assumption of Risk, Waiver of Liability, Covenant Not To Sue, Indemnification and Hold Harmless Agreement, I acknowledge and represent that: I have read this form in its entirety, understand it, and sign it voluntarily as my own free act and deed; no oral representations have been made to me different than what is contained in this document; I am at least eighteen (18) years of age and fully competent; I execute this Student Internship, Insurance Coverage, Personal Conduct, Assumption of Risk, Waiver of Liability, Covenant Not To Sue, Indemnification and Hold Harmless Agreement for full, adequate and complete consideration, fully intending to be bound by the same.

Student Signature

Witness Signature

Student ID

Printed Name

Parent or Legal Guardian (if student is
under 18 years of age)