STUDENT LIABILITY RELEASE FORM

I, _______________________________________________, hereby knowingly enter into contract with the Cooperative Education Program of San Francisco State University College of Science & Engineering, on this day, ____________________.

I agree to hold harmless the Cooperative Education (Co-op) Program and its affiliates from any liable accidental physical injury to myself or to others while I am at my work site. I further shall NOT hold San Francisco State University and its affiliates responsible for any legal liabilities, which may result from my Co-op intern placement.

I shall assume legal liability for taxes on wages, tips or bonuses earned while working in the Co-op Program intern placement.

It is my personal responsibility to find out how Co-op will affect my financial aid and/or student visa.

I hereby authorize the Cooperative Education Program staff to:
1. Issue, through University accounting, appropriate tax forms and/or request them when appropriate.
2. Request and process registration material necessary for my placement and retention in the program relevant to awarding academic credit for any field work done. I further agree that I have prior knowledge of mandatory enrollment in the All University Co-op placement course (AU 693 or 793), which requires enrollment for 1 to 12 units of credit for Co-op placements. Therefore, this clause shall allow the Co-op staff to act independently and may process enrollment in the Co-op units to ensure compliance with this requirement if I am unable or fail to do so.

In addition, I understand that:
1. Participation in the Co-op Program does not guarantee placement.
2. I must notify the Co-op office of all interviews and offers.
3. Upon acceptance of a Co-op position, I must contact the Co-op office and complete the appropriate forms.
4. By enrolling in the Co-op Program, I am hereby giving my consent and authority to the Co-op Program to access by transcripts as necessary.
5. I give my consent to the Co-op Program to release a copy of my resume, and unofficial transcript to employers for the purposes of assisting me in obtaining a Co-op position.

I have read and agree to all the above conditions.

Signature ___________________________ Print Name ___________________________

S.S. # ___________________________ Today’s Date ___________________________