



INTERN AGREEMENT

If I am accepted as a B-AWARE FOUNDATION intern, I agree that:

- A. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning the FOUNDATION.
- B. My services are donated without contemplation of compensation and I understand that I am not an employee of The B-AWARE FOUNDATION.
- C. I shall not sell goods or services, request contributions, or distribute political or religious materials at the event without permission from The B-AWARE FOUNDATION.
- D. I shall make my best effort to fulfill my commitment to the event by completing all assignments that I accept.
- E. I shall attempt to resolve any problems related to my intern activities with my group leader.
- F. I shall notify my assigned group leader if I am unable to work as scheduled.
- G. I understand that The B-AWARE FOUNDATION reserves the right to terminate my intern status as a result of (1) failure to comply with policies, rules and regulations; (2) unsatisfactory attitude, work appearance; or (3) any other circumstances which, in the judgment of The B-AWARE FOUNDATION would make my continued service as an intern contrary to the best interests of the company.
- H. As consideration for participating as an intern for The B-AWARE FOUNDATION, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue The B-AWARE FOUNDATION or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of the city as a result of my participation in any event by The B-AWARE FOUNDATION. I HEREBY RELEASE AND DISCHARGE THE B-AWARE FOUNDATION AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE OR MAY HAVE IN THE FUTURE FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN ANY EVENT BY THE B-AWARE FOUNDATION.
- I. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF ANY EVENT BY THE B-AWARE FOUNDATION THAT I AM NOT COVERED BY THE B-AWARE FOUNDATION'S WORKERS COMPENSATION PROGRAM. I authorize THE B-AWARE FOUNDATION to seek emergency medical treatment in the case of injury, accident or illness. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.

I have carefully read each of the above conditions and fully understand all conditions and I agree to be bound by them. I am aware that this is a release of liability and sign it of my own free will. I further certify that I am over 18 years of age.

Intern Signature

Date