

Merchandising Internship Contract
CADS 4930 Internship in Apparel Merchandising

Submit to Dr. Kwon (kwonwis@auburn.edu) along with *Internship Compensation Form & Hold Harmless* document in a single PDF file.

Name Jane Doe AU student ID # 0005500

Cell # 212-555-5555 Email Address Jad0016@auburn.edu

COURSES: CADS 3850: taken Fall 2018 semester CADS 5850: taken Spring 2019 semester

INTERNSHIP: Firm Name: Victoria Secret

Dept/Office where you will be interning: Merchandising

Date internship will begin: 5/21/19 will end: 8/10/19

* The total number of work hours will be at least 400 hours. INITIAL JD LW
Student Firm Supervisor

Complete Address of firm:

1740 Broadway New York, NY, 10017

Firm Supervisor's

Name & Title: Leslie Weiss, VP Merchandising

Supervisor's Phone 212-555-0000 Email lweiss@vs.com

NOTE: I agree to complete all internship requirements. Any change in my work assignment (e.g., change of department, supervisor) will be communicated immediately to Dr. Kwon in writing. I understand that I may take no other class during my internship without written approval from the Department Head, that I must meet all internship requirements, and that I will be dropped from the internship if I do not meet all requirements. I understand that Fall Semester retail store interns must plan to work until December 24.

I have carefully read the requirements for enrollment in CADS 4930 and have met all of these requirements. I understand and agree to complete all requirements for this internship:

Student: Jane Doe Date: 4/1/2019

Firm Supervisor: Leslie Weiss Date: 4/1/2019

AMDP Intern Coordinator _____ Date: _____

CADS Department Head: _____ Date: _____

I give permission for my internship materials (name, picture etc.) to be used for department informational/promotional purposes.

Student Intern Signature

Jane Doe

Merchandising Internship Compensation

Paid internships are strongly encouraged. If a paid internship is not possible, an internship with other remuneration, e.g., travel, food, lodging expenses, &/or opportunities to travel to market or shows at company expense is much preferable to a non-paid internship with no remuneration.

This internship with Victoria Secret is

✕ paid

 partially compensated – Describe compensation below:

_____ non-paid –Provide a compelling reason below why this is a particularly valuable opportunity for you that you cannot receive with a paid internship:

Jane Doe

Student Signature

4/1/2019

Date

AM Intern Coordinator Signature

Date _____

Department Head Signature

Date _____



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UNIVERSITY

**AUBURN UNIVERSITY
HOLD HARMLESS, VOLUNTARY WAIVER, AND
ASSUMPTION OF RISKS**

EVENT INFORMATION

Event Name: CADS 4930 INTERNSHIP

Date(s): May 21, 2019 - Aug 10, 2019 Time(s): 9am - 6pm

Location: New York, NY

PARTICIPANT INFORMATION

Name of Participant: Jane Doe

Address: 123 Maple St

City: Auburn

State: AL

Zip: 36830

Phone Number: 212-555-5555

Date of Birth: 01-20-1997

Gender: M ☐ F ☒ X

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS COMPLETED AND SIGNED FORM MUST BE SUBMITTED BEFORE ANY PERSON IS ALLOWED TO PARTICIPATE IN THE ABOVE EVENT.

I, the undersigned, wish to voluntarily participate in the above referenced event (hereafter "Event") on the dates and times as indicated above and, in consideration of the mutual covenants and conditions contained in this Agreement, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my participation in this Event there are dangers, hazards and inherent risks to which I may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. The dangers, hazards and risks may arise from my own actions, inactions, or negligence as well as from the actions, inactions or negligence of others, or the condition of the premises. I also acknowledge and understand that there may be other dangers, hazards or risks not presently known or reasonably foreseeable. Participation in the Event includes travel to and from the Event. Therefore, I voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from this Event.

I acknowledge that specialized experience and skills may be necessary to participate in this Event and I confirm that I possess such experience and skills. I understand and agree to follow all safety precautions required for participation.

I hereby release Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents (hereafter "Auburn") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury that I may suffer while training, preparing, participating and/or traveling to or from the Event. This agreement is binding on my heirs and assigns.

I furthermore release, indemnify and hold harmless Auburn from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that I may suffer, for which I may be liable to any other person, that may or does arise out of my participation in the Event. I understand that Auburn accepts no responsibility for my personal property.

In the event of an accident or serious illness, I hereby authorize representatives of Auburn to obtain medical treatment for me and on my behalf. I hereby hold harmless and agree to indemnify Auburn from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I understand that Auburn does not provide any medical, dental or life insurance to cover bodily injury, illness or death; nor insurance for personal property damage or loss; nor insurance for liability arising out of my negligent acts or omissions; and I acknowledge that I am completely responsible for my own insurance or financial resources to cover expenses related to these things.

This Agreement shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this Agreement, or arising out of any injury, death, damage or loss as a result of my participation in any part of the Event, shall be brought only in Lee County, Alabama.

I, the undersigned have been given ample time to read and understand this Agreement, and fully accept its contents and conditions and agree to them by signing this Agreement voluntarily. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns. The information I have provided is disclosed accurately and truthfully.

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19

Participant Name Jane Doe

Parent Name _____

Participant Signature Jane Doe

Parent Signature _____

Date 4/1/2019

Date _____