**WAIVER FOR INTERNSHIP**

**NAME OF PROGRAM HEAD/ DEAN**

Position

School of (indicate department)

Chiang Kai Shek College

Dear **Sir/ Madam**,

We, the undersigned parents/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*(Full name of the student)*

a student of (**INDICATE COURSE)** hereby understand that **INTERNSHIP** is a necessary part of the curriculum required for the graduation of our son/daughter/ward. We agree that he/she does his/her internship in:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name and address of the company)*

We hereby agree to answer for any damage that he/she may cause or suffer, and/or liability that he/she may incur in connection with the said **INTERNSHIP** and hereby absolve **Chiang Kai Shek College**, its officials or employees, for any such damage or liability.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | *Parent or Guardian’s*  *Printed Name & Signature* |
|  |  |  |  |  |
|  |  |  |  | *Date* |