

Legal Interpretation (Spanish/English) Certificate Program

Court Interpreting Internship Activity Application

To be completed and returned before beginning the Family Law Court Internship

| | | |
|------------------------------|---------------------|-------------------|
| Name | | |
| Address | | Phone |
| Email | Activity Start Date | Activity End Date |
| Supervisor Name | | Title |
| Internship Activity Location | | |

Release of Liability, Promise not to Sue, Assumption of Risk and Agreement to Pay Claims

This form must be signed and submitted along with your application fee before beginning the Court Interpreting Internship.

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Fullerton and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____ Date: _____

Registration information

Please check in the Extension catalog or program brochure for the current schedule number of the Court Interpreting Internship.

| Schedule # | Class Title | Date | Fee |
|------------|-------------------------------|------|-----|
| | Court Interpreting Internship | | |
| TOTAL | | | |

CERTIFICATE IN

Legal Interpretation (Spanish/English)

Social Security # / Student ID

Last name

First name

Mailing address

City

State

Zip

Home telephone

Work / Other telephone

Extension

Birth date

Sex

PAYMENT OPTIONS:

- Check enclosed (Payable to CSUF. No cash please.)
 Charge to: VISA MasterCard American Express

Card Number

Expires

Cardholder Name

Authorizing Signature

- Bill my company (Purchase order or letter of sponsorship must accompany registration. If registering by telephone, this must be faxed the day of registration.)

Employer

Address

City

State

Zip