



## INTERNSHIP & COOPERATIVE EMPLOYER WAIVER

In consideration for the placement of \_\_\_\_\_ (STUDENT) with  
\_\_\_\_\_ (EMPLOYER).

I, the EMPLOYER, hereby AGREE AND ACKNOWLEDGE as follows:

1. EMPLOYER understands and acknowledges that EMPLOYER shall be solely responsible for complying with all state and federal requirements, laws, and regulations related to the STUDENT, including wage and hour requirements, leave laws, safety and health regulations, and others.
2. EMPLOYER agrees and consents on behalf of itself, its related entities, children, parents, heirs, assigns, personal representatives and estate, to voluntarily waive and release, to relinquish, to hold harmless, to indemnify and to forever discharge Hawai'i Pacific University and all of its related entities, agents, directors, advisors, officers, employees, and representatives (collectively, "HPU") from any and all claims or causes of action against HPU related to or arising from STUDENT's work with EMPLOYER.
3. EMPLOYER agrees and acknowledges that it is solely responsible for verifying STUDENT's eligibility to work for EMPLOYER, and that HPU has made no representation to EMPLOYER regarding STUDENT's work eligibility or qualifications for employment.
4. EMPLOYER agrees and acknowledges that HPU does not assume any responsibility over STUDENT while STUDENT is working for EMPLOYER. In the event of an emergency involving STUDENT, EMPLOYER will notify HPU, but will otherwise treat STUDENT as it would any of its other employees, agents and/or volunteers in a similar situation.

Employer Name: \_\_\_\_\_

Employer Signature: \_\_\_\_\_

Date: \_\_\_\_\_