

2019 Plano Mayor’s Summer Internship Program

The Plano Improvement Corporation, the City of Plano and VWait Group, LLC are collaborating with the Plano Mayor’s Summer Internship Program (“Program”), to assist in the application, promotion and execution of a summer internship Program. Applicants to this Program must agree to comply and execute the application's participation rules on this document and the waiver of liability form attached below.

If the applicant is under the age of 18, a parent or legal guardian must also sign the participation rules document and the waiver of liability.

Applicants who are selected by an employer must also abide by all rules and requirements of that employer, including any criminal background checks, pre-offer medical screening and drug screening. Applicant acknowledges that his/her participation in this Program is not a guarantee to be selected for a summer internship position.

Applicant agrees to:

1. Follow all rules and regulations for the internship Program.

2. Allow the Plano Improvement Foundation, VWait Group, LLC, Plano ISD, City of Plano and Capital One to use the applicant’s photo, likeness, words, and name in any promotional materials for the Program.

Student & Parent Consent

Name of School for 2019 – 2020 School Year: _____

Printed Name of Program Participant Signature of Program Participant Date

Printed Name of Parent of Participant Signature of Parent of Participant Date
(If under 18)

**Plano Mayor’s Summer Internship Program
Student Waiver Form**

In consideration of the Plano Mayor’s Summer Internship Program allowing me to be considered an applicant and potentially be selected by a company for the Program, I agree to release the Program, the Plano Improvement Corporation, VWait Group, LLC and the City of Plano, along with its board, directors, employees, agents and insurer from any and all claims for injuries, death and/or damages that I may incur or arise from my participation in this Program. I agree to indemnify and hold harmless the Plano Improvement Corporation, its directors, employees, agents, and insurers from any and all claims made by me or as a result of my participation in this Program, including any injuries, death and/or damages. This indemnification is binding upon my heirs and representatives.

Printed Name of Program Participant Signature of Program Participant Date

Printed Name of Parent of Participant Signature of Parent of Participant Date
(If under 18)