



**Public Health**  
Prevent. Promote. Protect.

Canton City Public Health

## Memorandum of Understanding and Release of Liability Professional Practice Agreement

This memorandum of understanding and release of liability is entered between the student requesting a professional practice experience or internship (herein known as “student”) and Canton City Public Health (herein known as “CCPH”).

Whereas, student desires to undertake a professional practice experience or internship with Canton City Public Health as part of their course requirements at their academic institution, and

Whereas, Canton City Public Health desires to assist the student in providing a meaningful professional practice experience.

Therefore, in consideration of accepting this professional practice experience, the student agrees to the following:

1. CCPH assumes no responsibility for injuries sustained, or accidents incurred, by the student involved in off-campus professional practice experiences or applied study programs (also known as an internship). Students who choose to participate in professional practice experiences are advised to be aware of all special risks or dangers inherent in or associated with the work environment. Also, while in route to and from an off-campus site, a student is exposed to the same risks as if they are in route to and from classes on campus. In such cases, the student assumes the risk of an any accident or injury in their travel to and off-campus site.
2. The student is participating in a professional practice experience as a condition of required course work at their academic institution at the student’s request. The student is not an employee or contractual agent of CCPH. The student is not eligible for compensation either in salary, expense, benefits, or any other enumeration normally associated with employment.
3. The student always agrees to adhere to the policies and work rules of CCPH while participating in this experience. Failure to adhere to these work rules, policies, and procedures may result in the immediate termination of the professional practice experience by Canton City Public Health.
4. The student agrees that they will indemnify and hold the Canton City Board of Health and the City of Canton harmless from any cause of action, claim, or damage arising out of any negligent, reckless, or criminal act of the student, whether through commission or omission, while the student is engaged in the professional practice experience.

**I have read and understand this memorandum of understanding and release of liability.**

\_\_\_\_\_  
Student (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Commissioner (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Start date

\_\_\_\_\_  
End date