



Faculty of Management & Social Sciences

www.ub.edu.bz

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Tel: 501-223-0256
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INDEMNIFICATION FORM

TO: _____

In consideration of your acceptance of intern(s) from the Faculty of Management and Social Sciences of the University of Belize for their Internship Program in your organization, I hereby agree to indemnify you and save you from liabilities which may be incurred by you and claims which may be made against you, or any person(s) for whom you are responsible at law, as a result of any injuries suffered by any of our interns(s) and which occurred in the course of such intern(s) being engaged in the Internship Program.

Such indemnification shall not extend to any liabilities or claims which may result from gross negligence or will full or wanton misconduct by you or any other member of your organization.

Dated at Belize City this _____ day of _____ 201__.

University of Belize
Belize City

By: _____
Intern

Witnessed: _____
Internship Advisor