



Faculty of Management & Social Sciences

www.ub.edu.bz

College Street, West Landivar
P.O. Box 990
Belize City, Belize

Tel: 501-223-0256
Fax: 501-223-0255

INDEMNIFICATION FORM

TO: The University of Belize

I, _____, in consideration of your facilitating me as an intern from the Faculty of Management and Social Sciences of the University of Belize for my Internship Program for my academic programme, 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 me and which occurred in the course of my being engaged in the Internship Program.

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

Dated at Belize City this _____ day of _____ 20_____.

University of Belize
Belize City

By: _____
Intern

Witnessed: _____
Internship Advisor