

Clear Channel Internship Program



Intern Registration Form

The undersigned ("Intern/Trainee") agrees to participate in an Internship program at Clear Channel Radio Tampa d/b/a/ _____ (the "Facility"). Intern/Trainee has volunteered for the term below and expressly understands that Intern/Trainee will not receive compensation, is not an employee of the Clear Channel, and is not entitled to employment with Clear Channel at the completion of the internship/training. Intern/Trainee acknowledges that volunteering at Clear Channel as an intern/trainee is primarily for the benefit of Intern/Trainee to obtain educational experience and gain practical work experience. Intern/Trainee is participating in the internship program with the express understanding that Intern/Trainee will receive academic credit from a bona fide education facility, which may include, but is not limited to, a university, community college, or trade school.

Intern/Trainee acknowledges that Intern/Trainee is at least 16 years of age. Intern/Trainee understands that this agreement makes no representations, either express or implied, of any type of employment relationship between Intern/Trainee and the Company. Intern/Trainee understands that Intern/Trainee is not eligible to win prizes or participate in Company contests. Intern/Trainee understands that Intern/Trainee may not operate any Company vehicles.

Furthermore, Intern/Trainee agrees to release, indemnify, and hold harmless the Company and its owners, partners, employees, families, and representatives from any claim arising out of any injury as a result of the Internship.

Signed: _____ Date: _____

Full Name: _____ SSN: _____

Address: 1419 _____

Home Phone: _____ Emergency Phone: _____

Term of Internship: from: Spring Summer to: Fall

Educational Facility Providing Academic Credit: CSB

Primary Course of Study: Broadcasting Expected Year of Graduation: 2011

Educational Facility Contact Name/Phone: _____

Company Instructions

Attach to this Agreement:

1. A photocopy of Intern/Trainee's valid driver's license; and
2. Letter of Internship from educational facility.

Once completed, retain one copy for your department, give one copy to Human Resources Representative, and give one copy to Intern/Trainee for Intern/Trainee's records.

Clear Channel Internship Program



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Furthermore, Intern/Trainee agrees to release, indemnify, and hold harmless the Company and its owners, partners, employees, families, and representatives from any claim arising out of any injury as a result of the Internship.

Signed: Devin McLean Date: August 23, 2011

Full Name: Devin McLean SSN: _____

Address: 4301

Home Phone: _____ Emergency Phone: _____

Term of Internship: from: August 23, 11 to: December 2011

Educational Facility Providing Academic Credit: University of South Florida

Primary Course of Study: mass communication - news Expected Year of Graduation: 2012

Educational Facility Contact Name/Phone: _____

Company Instructions

Attach to this Agreement:

1. A photocopy of Intern/Trainee's valid driver's license; and
2. Letter of Internship from educational facility.

Once completed, retain one copy for your department, give one copy to Human Resources Representative, and give one copy to Intern/Trainee for Intern/Trainee's records.



INTERNSHIP/TRAINEE ACKNOWLEDGMENT

The undersigned ("Intern/Trainee") acknowledges volunteering Intern/Trainee's services as an intern/trainee to Clear Channel AM (the "Company") d/b/a AM ("Division"). Intern/Trainee has volunteered for the term below to serve as an intern/trainee and to perform services for the Company without compensation with the express understanding that the Intern/Trainee receives academic credit from a bona fide education facility which may include, but is not limited to, a university, community college, trade school or high school.

The Intern/Trainee understands that this agreement makes no representations, either express or implied, of any type of employment agreement. Intern/Trainee understands that Intern/Trainee is not entitled to a job with the Division at completion of internship. Intern/Trainee understands that Intern/Trainee is not eligible to win prizes or participate in Company contests. Intern/Trainee understands that Intern/Trainee may not operate any Company vehicles.

Furthermore, Intern/Trainee agrees to release, indemnify and hold harmless Company and its owners, partners, employees, families, and representatives from any claim arising out of any injury as a result of the internship.

Signed: [Signature]

Printed Name: _____

Date: 9/21/11

Address: 1807

Home Phone: _____

Emergency Phone: _____

SSN: _____

Term of Internship: from: 9/21/11

to: 12/12/11

Educational Facility Providing Academic Credit: USF

Contact/Phone: @usf.edu

A copy of the Letter of Internship from educational facility must be attached to this Agreement.

Once completed, retain one copy for your department, give one copy to business/office manager, and give one copy to Intern/Trainee for Intern/Trainee's records.

If you are under eighteen (18) years of age, your parent or legal guardian must sign below.

(Signature of Parent or Legal Guardian)

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Signed: Bryan Moore Date: 11/23/11

Full Name: B SSN: 8

Address: 11711

Home Phone: 25 Emergency Phone: 1

Term of Internship: from: _____ to: Spring

Educational Facility Providing Academic Credit: University of South Florida

Primary Course of Study: Mass Communications Expected Year of Graduation: 2013

* Educational Facility Contact Name/Phone: _____

Company Instructions

Attach to this Agreement:

1. A photocopy of Intern/Trainee's valid driver's license; and
2. Letter of Internship from educational facility.

Once completed, retain one copy for your department, give one copy to Human Resources Representative, and give one copy to Intern/Trainee for Intern/Trainee's records.

Clear Channel Internship Program



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Furthermore, Intern/Trainee agrees to release, indemnify, and hold harmless the Company and its owners, partners, employees, families, and representatives from any claim arising out of any injury as a result of the Internship.

Signed: [Signature] Date: 1/9/12

Full Name _____ SSN _____

Address: 12100 _____

Home Phone: _____ Emergency Phone: _____

Term of Internship: from: 1/9/12 to: _____

Educational Facility Providing Academic Credit: USF

Primary Course of Study: Mass Comm. Expected Year of Graduation: 2012

Educational Facility Contact Name/Phone: _____

Company Instructions

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1. A photocopy of Intern/Trainee's valid driver's license; and
2. Letter of Internship from educational facility.

Once completed, retain one copy for your department, give one copy to Human Resources Representative, and give one copy to Intern/Trainee for Intern/Trainee's records.

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Furthermore, Intern/Trainee agrees to release, indemnify, and hold harmless the Company and its owners, partners, employees, families, and representatives from any claim arising out of any injury as a result of the Internship.

Signed: Emefesa Date: 1-9-12

Full Name: _____ SSN: _____

Address: 10011 a

Home Phone: _____ Emergency Phone: 1

Term of Internship: from: January 9 to: May 10 12

Educational Facility Providing Academic Credit: University of South FL

Primary Course of Study: Broadcast News Expected Year of Graduation: 2013 (Spring)

Educational Facility Contact Name/Phone: E 2

Company Instructions

Attach to this Agreement:

1. A photocopy of Intern/Trainee's valid driver's license; and
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Once completed, retain one copy for your department, give one copy to Human Resources Representative, and give one copy to Intern/Trainee for Intern/Trainee's records.

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Furthermore, Intern/Trainee agrees to release, indemnify, and hold harmless the Company and its owners, partners, employees, families, and representatives from any claim arising out of any injury as a result of the Internship.

Signed: [Signature] Date: Jan 8, 2012

Full Name: [Blank] SSN: [Blank]

Address: 4938

Home Phone: [Blank] Emergency Phone: [Blank]

Term of Internship: from: Jan 8 2012 to: 5/1/12

Educational Facility Providing Academic Credit: University of South Florida

Primary Course of Study: Marketing Expected Year of Graduation: 2013

Educational Facility Contact Name/Phone: [Blank]

Company Instructions

Attach to this Agreement:

1. A photocopy of Intern/Trainee's valid driver's license; and
2. Letter of Internship from educational facility.

Once completed, retain one copy for your department, give one copy to Human Resources Representative, and give one copy to Intern/Trainee for Intern/Trainee's records.

Clear Channel Internship Program



Intern Registration Form

The undersigned ("Intern/Trainee") agrees to participate in an Internship program at Clear Channel Radio Tampa d/b/a Radio Promotions (the "Facility"). Intern/Trainee has volunteered for the term below and expressly understands that Intern/Trainee will not receive compensation, is not an employee of the Clear Channel, and is not entitled to employment with Clear Channel at the completion of the Internship/training. Intern/Trainee acknowledges that volunteering at Clear Channel as an intern/trainee is primarily for the benefit of Intern/Trainee to obtain educational experience and gain practical work experience. Intern/Trainee is participating in the Internship program with the express understanding that Intern/Trainee will receive academic credit from a bona fide education facility, which may include, but is not limited to, a university, community college, or trade school.

Intern/Trainee acknowledges that Intern/Trainee is at least 18 years of age. Intern/Trainee understands that this agreement makes no representations, either express or implied, of any type of employment relationship between Intern/Trainee and the Company. Intern/Trainee understands that Intern/Trainee is not eligible to win prizes or participate in Company contests. Intern/Trainee understands that Intern/Trainee may not operate any Company vehicles.

Furthermore, Intern/Trainee agrees to release, indemnify, and hold harmless the Company and its owners, partners, employees, families, and representatives from any claim arising out of any injury as a result of the Internship.

Signed: *Valerie P. [Signature]* Date: 1-9-12

Full Name: _____ SSN: _____

Address: 5650

Home Phone _____ Emergency Phone: 1

Term of Internship: from: 1-17-12 to: _____

Educational Facility Providing Academic Credit: University of South Florida

Primary Course of Study: Mass Comm. Expected Year of Graduation: 2012

Educational Facility Contact Name/Phone: Dr. ?

Company Instructions

Attach to this Agreement:

1. A photocopy of Intern/Trainee's valid driver's license; and
2. Letter of Internship from educational facility.

Once completed, retain one copy for your department, give one copy to Human Resources Representative, and give one copy to Intern/Trainee for Intern/Trainee's records.

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Furthermore, Intern/Trainee agrees to release, indemnify, and hold harmless the Company and its owners, partners, employees, families, and representatives from any claim arising out of any injury as a result of the Internship.

Signed: [Signature] Date: 1-09-12

Full Name: _____ SSN: _____

Address: 203 W

Home Phone: _____ Emergency Phone: _____

Term of Internship: from: 1/9/12 to: 5-1-12

Educational Facility Providing Academic Credit: USFSP

Primary Course of Study: Marketing Expected Year of Graduation: 2012

Educational Facility Contact Name/Phone: USF Susan
@echelonre.com

Company Instructions

Attach to this Agreement:

1. A photocopy of Intern/Trainee's valid driver's license; and
2. Letter of Internship from educational facility.

Once completed, retain one copy for your department, give one copy to Human Resources Representative, and give one copy to Intern/Trainee for Intern/Trainee's records.

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Furthermore, Intern/Trainee agrees to release, indemnify, and hold harmless the Company and its owners, partners, employees, families, and representatives from any claim arising out of any injury as a result of the Internship.

Signed: [Signature] Date: 1/9/2012

Full Name: J SSN: 0

Address: 1910 NW

Home Phone: : Emergency Phone: 91

Term of Internship: from: 1/9/12 to: 5/1/12

Educational Facility Providing Academic Credit: University of South Florida

Primary Course of Study: Telcomm Expected Year of Graduation: 2012

Educational Facility Contact Name/Phone: en 5@USF.EDU

Company Instructions

Attach to this Agreement:

1. A photocopy of Intern/Trainee's valid driver's license; and
2. Letter of Internship from educational facility.

Once completed, retain one copy for your department, give one copy to Human Resources Representative, and give one copy to Intern/Trainee for Intern/Trainee's records.

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Furthermore, Intern/Trainee agrees to release, indemnify, and hold harmless the Company and its owners, partners, employees, families, and representatives from any claim arising out of any injury as a result of the internship.

Signed: [Signature]

Date: 1-10-12

Full Name: _____

SSN: _____

Address: 74541 -

Home Phone: _____

Emergency Phone: _____

Term of Internship: from: 1/10/12

to: 5/1/12

Educational Facility Providing Academic Credit: USF

Primary Course of Study: Communication^s

Expected Year of Graduation: May, 2012

Educational Facility Contact Name/Phone: _____

EMAIL - [Signature]

@USF.edu

Company Instructions

Attach to this Agreement:

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2. Letter of Internship from educational facility.

Once completed, retain one copy for your department, give one copy to Human Resources Representative, and give one copy to Intern/Trainee for Intern/Trainee's records.

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Furthermore, Intern/Trainee agrees to release, indemnify, and hold harmless the Company and its owners, partners, employees, families, and representatives from any claim arising out of any injury as a result of the Internship.

Signed: [Signature] Date: 1/18/12

Full Name: _____ SSN: _____

Address: 8445

Home Phone: 5 Emergency Phone: _____

Term of Internship: from: _____ to: _____

Educational Facility Providing Academic Credit: University of South Florida

Primary Course of Study: Communications Expected Year of Graduation: 2013

Educational Facility Contact Name/Phone: Dr. Richam C

Company Instructions

Attach to this Agreement:

1. A photocopy of Intern/Trainee's valid driver's license; and
2. Letter of Internship from educational facility.

Once completed, retain one copy for your department, give one copy to Human Resources Representative, and give one copy to Intern/Trainee for Intern/Trainee's records.

Clear Channel Internship Program



Intern Registration Form

The undersigned ("Intern/Trainee") agrees to participate in an Internship program at Clear Channel Radio Tampa d/b/a Freedom Bay (the "Facility"). Intern/Trainee has volunteered for the term below and expressly understands that Intern/Trainee will not receive compensation, is not an employee of the Clear Channel, and is not entitled to employment with Clear Channel at the completion of the internship/training. Intern/Trainee acknowledges that volunteering at Clear Channel as an intern/trainee is primarily for the benefit of Intern/Trainee to obtain educational experience and gain practical work experience. Intern/Trainee is participating in the Internship program with the express understanding that Intern/Trainee will receive academic credit from a bona fide education facility, which may include, but is not limited to, a university, community college, or trade school.

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Signed: Andrea M... Date: 1/20/12

Full Name: _____ SSN: 5

Address: 15501

Home Phone: 6 Emergency Phone: 6

Term of Internship: from: 1/18/12 to: _____

Educational Facility Providing Academic Credit: USF

Primary Course of Study: Telecommunications Expected Year of Graduation: 2014

Educational Facility Contact Name/Phone: Fredrick

Company Instructions

- Attach to this Agreement:
1. A photocopy of Intern/Trainee's valid driver's license; and
 2. Letter of Internship from educational facility.

Once completed, retain one copy for your department, give one copy to Human Resources Representative, and give one copy to Intern/Trainee for Intern/Trainee's records.

Clear Channel Internship Program



Intern Registration Form

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Signed: Me Date: 1/6/12

Full Name: _____ SSN: _____

Address: 17106

Home Phone: 81 Emergency Phone: 10

Term of Internship: from: Spring Semester to: _____

Educational Facility Providing Academic Credit: University of South Florida

Primary Course of Study: Music / Business Expected Year of Graduation: _____

Educational Facility Contact Name/Phone: _____

Company Instructions

Attach to this Agreement:

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2. Letter of Internship from educational facility.

Once completed, retain one copy for your department, give one copy to Human Resources Representative, and give one copy to Intern/Trainee for Intern/Trainee's records.

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Signed: [Signature] Date: 1/3/2012

Full Name: _____ SSN: _____

Address: 23124 I

Home Phone: _____ Emergency Phone: _____

Term of Internship: from: Jan. 9th 2012 to: May 4th 2012

Educational Facility Providing Academic Credit: Univ. South Florida, St. Petersburg

Primary Course of Study: Journalism & Media Studies Expected Year of Graduation: 2012

Educational Facility Contact Name/Phone: Tony 7 7
Email: usa@ccm.com

Company Instructions

Attach to this Agreement:

1. A photocopy of Intern/Trainee's valid driver's license; and
2. Letter of Internship from educational facility.

Once completed, retain one copy for your department, give one copy to Human Resources Representative, and give one copy to Intern/Trainee for Intern/Trainee's records.