

# 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/ WFTS (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: [Signature] Date: Jan 9, 2012

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: 2214 B 1

Home Phone: 8 Emergency Phone: 3

Term of Internship: from: Jan 9, 2012 to: April 21, 2012

Educational Facility Providing Academic Credit: University of South Florida

Primary Course of Study: Mass Com Expected Year of Graduation: 2012

Educational Facility Contact Name/Phone: Brooklyn News

### 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 (the "Company") d/b/a/ WFLA (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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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: 3/16/12

Full Name: [Signature] SSN: [Signature]

Address: 52801 33615

Home Phone: [Signature] Emergency Phone: [Signature]

Term of Internship: from: \_\_\_\_\_ to: \_\_\_\_\_

Educational Facility Providing Academic Credit: Connecticut School of Broadcast Arts

Primary Course of Study: Radio Broadcast Expected Year of Graduation: 2012

Educational Facility Contact Name/Phone: [Signature]

### 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.

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# Clear Channel Internship Program



## Intern Registration Form

The undersigned ("Intern/Trainee") agrees to participate in an internship program at Clear Channel (the "Company") d/b/a/ 970 WFLA (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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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: 3/28/12

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: 2230 E \_\_\_\_\_

Home Phone: 8 \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Term of Internship: from: 3/12/12 to: 7/1/12

Educational Facility Providing Academic Credit: CONNECTICUT School of Broadcasting

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

Educational Facility Contact Name/Phone: CONNECTICUT School of Broadcasting

### 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/ WTOX (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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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: 9-19-11

Full Name: [Name]

SSN: [SSN]

Address: 330 H

Home Phone: [Phone]

Emergency Phone: [Phone]

Term of Internship: from: 9-19-11

to: [Date]

Educational Facility Providing Academic Credit: CSB

Primary Course of Study: Radio Broadcasting

Expected Year of Graduation: 2011

Educational Facility Contact Name/Phone: [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 \_\_\_\_\_ (the "Company") d/b/a \_\_\_\_\_ ("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: 

Printed Name: \_\_\_\_\_

Date: 1/5/12

Address: 4719

Home Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

Term of Internship: from: January  
to: May

Educational Facility Providing

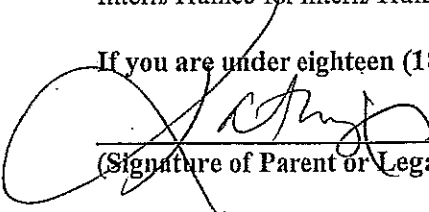
Academic Credit: UCF office of experiential learning

Contact/Phone: Jc e 7

**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)

# 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.

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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: \_\_\_\_\_

Date: 1/10/12

Full Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: 9100

12

Home Ph \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Term of Internship: from: JAN 10, 2012 to: MAY 1, 2012

Educational Facility Providing Academic Credit: SPC

Primary Course of Study: MASS COMM Expected Year of Graduation: 2014

Educational Facility Contact Name/Phone: K E YI

EMAIL: \_\_\_\_\_

### 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 Eric Fierro (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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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: 11/23/11

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: 2901

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Term of Internship: from: 1/17/2012 to: 5/4/2012

Educational Facility Providing Academic Credit: University of Tampa

Primary Course of Study: Communications 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.

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## Intern Registration Form

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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: De Date: 1-18-12

Full Name: \_\_\_\_\_ SSN: 0 21

Address: 401 2

Home Phone: 7 Emergency Phone: 6 25

Term of Internship: from: 1/18/12 to: 5/1/12

Educational Facility Providing Academic Credit: University of Tampa

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

Educational Facility Contact Name/Phone: Dean K 3  
21  
Email: @ut.edu 21 11

### 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 MM (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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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: 1/9/12

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: 4207 S

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Term of Internship: from: Jan 12 to: May 12

Educational Facility Providing Academic Credit: University of Tampa

Primary Course of Study: Communication 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.

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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: Allen Don Date: 1/20/12

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: 400 807

Home Phone: 1 Emergency Phone: 7

Term of Internship: from: Spring to: Summer

Educational Facility Providing Academic Credit: University of Tampa

Primary Course of Study: Film 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.

# 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: Na Date: 1/10/12

Full Name: N SSN: \_\_\_\_\_

Address: 2025

Home Phone: 972 Emergency Phone: 2

Term of Internship: from: 1/10/12 to: 5/1/12

Educational Facility Providing Academic Credit: Full Sail University

Primary Course of Study: Music Business Expected Year of Graduation: 2015

Educational Facility Contact Name/Phone: 1 972  
E-M @mac.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.

# Clear Channel Internship Program



## Intern Registration Form

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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: \_\_\_\_\_ Date: 1/10/12

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: 1853 \_\_\_\_\_

Home Phone: { \_\_\_\_\_ Emergency Phone: { \_\_\_\_\_

Term of Internship: from: 1/10/12 to: 5/1/12

Educational Facility Providing Academic Credit: HCC

Primary Course of Study: Multimedia Production Expected Year of Graduation: '13

Educational Facility Contact Name/Phone: \_\_\_\_\_

Email: \_\_\_\_\_ @ live.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.

# 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: 1-10-2012

Full Name: He SSN: 6

Address: 5509

Home Phone: 9 Emergency Phone: 98

Term of Internship: from: 1-23-2012 to: 5-07-2012

Educational Facility Providing Academic Credit: Hillsborough Community College

Primary Course of Study: Mass Communication 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.

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Signed: Duchelly, Marcus Date: 1/10/12

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: 27410 E \_\_\_\_\_

Home Phone: 8 \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Term of Internship: from: \_\_\_\_\_ to: \_\_\_\_\_

Educational Facility Providing Academic Credit: Hillsborough Community College

Primary Course of Study: Mass Comm Expected Year of Graduation: \_\_\_\_\_

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.