

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 WXTB (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: Rob R. Meier Date: 1/24/2012

Full Name: 1 SSN: _____

Address: 17503

Home Phone: 81 Emergency Phone: _____

Term of Internship: from: Jan 2012 to: May 2012

Educational Facility Providing Academic Credit: HCC (Cybor)

Primary Course of Study: Comm. Expected Year of Graduation: 2014

Educational Facility Contact Name/Phone: HCC

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 106.7 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: 1/4/12

Full Name: M. [unclear]

Address: 186 [unclear]

Home Phone: _____

Emergency Phone: _____

Term of Internship: from: Spring to: _____

Educational Facility Providing Academic Credit: International Academy of

Primary Course of Study: Advertising

Expected Year of Graduation: 2012

Educational Facility Contact Name/Phone: [unclear]

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.

WFLA

Clear Channel Internship Program



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The undersigned ("Intern/Trainee") agrees to participate in an internship program at Clear Channel (the "Company") d/b/a/ CC (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: June 27th, 2012

Full Name: I SSN: _____

Address: 1065 _____

Home Phone: 7 Emergency Phone: _____

Term of Internship: from: June to: Aug

Educational Facility Providing Academic Credit: Florida Gulf Coast University

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

Educational Facility Contact Name/Phone: FGCU

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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The undersigned ("Intern/Trainee") agrees to participate in an internship program at Clear Channel (the "Company") d/b/a/ Tampa (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: 4/26/2012

Full Name: _____ SSN: _____

Address: 708 Pe FL

Home Phone: _____ Emergency Phone: _____

Term of Internship: from: Summer 2012 to: End of Summer 2012

Educational Facility Providing Academic Credit: University of Florida

Primary Course of Study: Telecomm Management Expected Year of Graduation: Fall 2012

Educational Facility Contact Name/Phone: _____ University of Florida

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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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: _____

Date: 3-15-2012

Full Name: Law

SSN: _____

Address: 12016

Home Phone: 1

Emergency Phone: _____

Term of Internship: from: Summer to: Summer

Educational Facility Providing Academic Credit: IADT

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

Educational Facility Contact Name/Phone: IADT 813-881-007

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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The undersigned ("Intern/Trainee") agrees to participate in an internship program at Clear Channel (the "Company") d/b/a/ WFLX (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: Ch Date: 05/22/12

Full Name: Ch SSN:

Address: 331

Home Phone: (94 Emergency Phone: 3

Term of Internship: from: _____ to: _____

Educational Facility Providing Academic Credit: State College of Florida

Primary Course of Study: Radio-TV Broadcast Expected Year of Graduation: 2014

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.

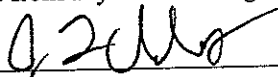


INTERNSHIP/TRAINEE ACKNOWLEDGMENT

The undersigned ("Intern/Trainee") acknowledges volunteering Intern/Trainee's services as an intern/trainee to Clear Channel _____ (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: 5/18/12

Address: 13649 L

Home Phone: _____

Emergency Phone: _____

SSN: _____

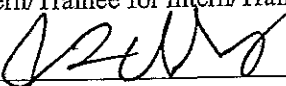
Term of Internship: from: May

to: August

Educational Facility Providing Academic Credit: PHCC

Contact/Phone: _____

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.


Signature of Intern

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

(Signature of Parent or Legal Guardian)




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: May 16th, 2012

Address: 4083 E 10th

Home Phone: _____

Emergency Phone: (_____) 79


SSN: 2 _____ 15

Term of Internship: from: May 16th, 2012
to: _____


Educational Facility Providing Academic Credit: _____

Contact/Phone: (_____)

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.


Signature of Intern

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



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The undersigned ("Intern/Trainee") agrees to participate in an internship program at Clear Channel (the "Company") d/b/a/ EA (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: 5/21/12

Full Name: _____ SSN: 17

Address: 3006 C

Home Phone: 8 Emergency Phone: _____

Term of Internship: from: May to: July 20th

Educational Facility Providing Academic Credit: University of South Florida

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

Educational Facility Contact Name/Phone: 8

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/ Tampa (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: May 9, 2012

Full Name: _____ SSN: _____

Address: 13812 _____ 3

Home Phor. _____ Emergency Phone: _____

Term of Internship: from: Summer to: Fall

Educational Facility Providing Academic Credit: University of South Florida

Primary Course of Study: Public Relations 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



Intern Registration Form

The undersigned ("Intern/Trainee") agrees to participate in an internship program at Clear Channel (the "Company") 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.

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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: May 7, 2012

Full Name: C SSN: R

Address: 23020 S

Home Phone: 81 Emergency Phone: 1

Term of Internship: from: May 2012 to: Aug. 2012

Educational Facility Providing Academic Credit: University of S. FL

Primary Course of Study: Mass Comm Expected Year of Graduation: 2014

Educational Facility Contact Name/Phone: USF Tampa Campus /

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 Promotion (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: 1/9/2012

Full Name: [Name] SSN: 589-50-7573

Address: 1419 [Address]

Home Phone: [Phone] Emergency Phone: [Phone] ← Father

Term of Internship: from: 1/9/12 to: 4/30

Educational Facility Providing Academic Credit: USFSP

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

Educational Facility Contact Name/Phone: [Name]

email: @echeloncc.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: 5/7/12

Full Name: _____ SSN: _____

Address: 1500 E. _____

Home Phone: 727-_____-3 Emergency Phone: _____

Term of Internship: from 5/7/12 to August 17th

Educational Facility Providing Academic Credit: University of South Florida

Primary Course of Study: Telecommunications Expected Year of Graduation: 2012 (Dec)

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: [Signature] Date: 5/10/12
Full Name: [Name] SSN: [SSN]
Address: 12301 [Address]
Home Phone: [Phone] Emergency Phone: Same
Term of Internship: from: May 17th to: August 17th
Educational Facility Providing Academic Credit: University of South Florida
Primary Course of Study: Mass Comm Expected Year of Graduation: 2012 Dec.
Educational Facility Contact Name/Phone: Dr. [Name]

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.