

**HIDALGO COUNTY, TEXAS**

**PERSONNEL POLICY MANUAL**

Procedure: INP.1  
Page: 5 of 5  
Date Authorized: 11-10-2015  
Supersedes: 06-05-2012

**INTERNSHIP AGREEMENT AND WAIVER OF LIABILITY**

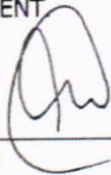
I, Adriam Castaneda Hidalgo, agree to participate in an internship with The County of Hidalgo, Texas, as outlined in this agreement. I hereby certify that I am at least 18 years of age at this time, and I am a student at UTRGV.

I hereby agree to comply with all relevant policies, procedures and requirements as outlined in the Hidalgo County Internship Policy and the Personnel Policy Manual. I understand that I will not receive compensation for my services provided during the internship period, and that no other benefits will be provided. I understand that my placement and this internship is at-will and that I may be terminated at any time at the discretion of the County.

I hereby voluntarily release, discharge, waive and relinquish any and all action or causes of action for personal injury, property damage, or wrongful death occurring to me as a result of my internship with Hidalgo County. I hereby release, waive, discharge and relinquish any actions or causes of actions aforementioned, which may hereafter arise for me and my estate, and agree that under no circumstances will I prosecute or present any claim for personal injury, property damage or wrongful death against Hidalgo County or any of its agents and employees for any said cause of action, whether the same shall arise by negligence of any said persons, or otherwise. It is my intent by this instrument to exempt and release, indemnify and hold harmless Hidalgo County and any of its employees, its elected or appointed officials, employees and agents for any personal injury, property damage, or wrongful death cause by negligence.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO PARTICIPATING IN AN INTERNSHIP AND AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.

Signature



Date

3.10.2021

**HIDALGO COUNTY, TEXAS**

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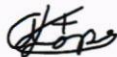
**INTERNSHIP AGREEMENT AND WAIVER OF LIABILITY**

I, Amado Cruz lopez, agree to participate in an internship with The County of Hidalgo, Texas, as outlined in this agreement. I hereby certify that I am at least 18 years of age at this time, and I am a student at UTRGV.

I hereby agree to comply with all relevant policies, procedures and requirements as outlined in the Hidalgo County Internship Policy and the Personnel Policy Manual. I understand that I will not receive compensation for my services provided during the internship period, and that no other benefits will be provided. I understand that my placement and this internship is at-will and that I may be terminated at any time at the discretion of the County.

I hereby voluntarily release, discharge, waive and relinquish any and all action or causes of action for personal injury, property damage, or wrongful death occurring to me as a result of my internship with Hidalgo County. I hereby release, waive, discharge and relinquish any actions or causes of actions aforementioned, which may hereafter arise for me and my estate, and agree that under no circumstances will I prosecute or present any claim for personal injury, property damage or wrongful death against Hidalgo County or any of its agents and employees for any said cause of action, whether the same shall arise by negligence of any said persons, or otherwise. It is my intent by this instrument to exempt and release, indemnify and hold harmless Hidalgo County and any of its employees, its elected or appointed officials, employees and agents for any personal injury, property damage, or wrongful death cause by negligence.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO PARTICIPATING IN AN INTERNSHIP AND AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.



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Signature

03/06/2021

\_\_\_\_\_  
Date

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**INTERNSHIP AGREEMENT AND WAIVER OF LIABILITY**

I, Yani Edgardo Cuellar Dela Cruz, agree to participate in an internship with The County of Hidalgo, Texas, as outlined in this agreement. I hereby certify that I am at least 18 years of age at this time, and I am a student at UTRGV, Family Medicine Residency - MMC.

I hereby agree to comply with all relevant policies, procedures and requirements as outlined in the Hidalgo County Internship Policy and the Personnel Policy Manual. I understand that I will not receive compensation for my services provided during the internship period, and that no other benefits will be provided. I understand that my placement and this internship is at-will and that I may be terminated at any time at the discretion of the County.

I hereby voluntarily release, discharge, waive and relinquish any and all action or causes of action for personal injury, property damage, or wrongful death occurring to me as a result of my internship with Hidalgo County. I hereby release, waive, discharge and relinquish any actions or causes of actions aforementioned, which may hereafter arise for me and my estate, and agree that under no circumstances will I prosecute or present any claim for personal injury, property damage or wrongful death against Hidalgo County or any of its agents and employees for any said cause of action, whether the same shall arise by negligence of any said persons, or otherwise. It is my intent by this instrument to exempt and release, indemnify and hold harmless Hidalgo County and any of its employees, its elected or appointed officials, employees and agents for any personal injury, property damage, or wrongful death cause by negligence.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO PARTICIPATING IN AN INTERNSHIP AND AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.

  
Signature

08/09/2021  
Date

**HIDALGO COUNTY, TEXAS**

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**INTERNSHIP AGREEMENT AND WAIVER OF LIABILITY**

I, Saumyakkumar Gosai, agree to participate in an internship with The County of Hidalgo, Texas, as outlined in this agreement. I hereby certify that I am at least 18 years of age at this time, and I am a student at UTRGV MMC Family medicine residency

I hereby agree to comply with all relevant policies, procedures and requirements as outlined in the Hidalgo County Internship Policy and the Personnel Policy Manual. I understand that I will not receive compensation for my services provided during the internship period, and that no other benefits will be provided. I understand that my placement and this internship is at-will and that I may be terminated at any time at the discretion of the County.

I hereby voluntarily release, discharge, waive and relinquish any and all action or causes of action for personal injury, property damage, or wrongful death occurring to me as a result of my internship with Hidalgo County. I hereby release, waive, discharge and relinquish any actions or causes of actions aforementioned, which may hereafter arise for me and my estate, and agree that under no circumstances will I prosecute or present any claim for personal injury, property damage or wrongful death against Hidalgo County or any of its agents and employees for any said cause of action, whether the same shall arise by negligence of any said persons, or otherwise. It is my intent by this instrument to exempt and release, indemnify and hold harmless Hidalgo County and any of its employees, its elected or appointed officials, employees and agents for any personal injury, property damage, or wrongful death cause by negligence.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO PARTICIPATING IN AN INTERNSHIP AND AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.

  
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Signature

3/8/2021  
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Date

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**INTERNSHIP AGREEMENT AND WAIVER OF LIABILITY**

I, Unnam Nasir, agree to participate in an internship with The County of Hidalgo, Texas, as outlined in this agreement. I hereby certify that I am at least 18 years of age at this time, and I am a student at Residency program

I hereby agree to comply with all relevant policies, procedures and requirements as outlined in the Hidalgo County Internship Policy and the Personnel Policy Manual. I understand that I will not receive compensation for my services provided during the internship period, and that no other benefits will be provided. I understand that my placement and this internship is at-will and that I may be terminated at any time at the discretion of the County.

I hereby voluntarily release, discharge, waive and relinquish any and all action or causes of action for personal injury, property damage, or wrongful death occurring to me as a result of my internship with Hidalgo County. I hereby release, waive, discharge and relinquish any actions or causes of actions aforementioned, which may hereafter arise for me and my estate, and agree that under no circumstances will I prosecute or present any claim for personal injury, property damage or wrongful death against Hidalgo County or any of its agents and employees for any said cause of action, whether the same shall arise by negligence of any said persons, or otherwise. It is my intent by this instrument to exempt and release, indemnify and hold harmless Hidalgo County and any of its employees, its elected or appointed officials, employees and agents for any personal injury, property damage, or wrongful death cause by negligence.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO PARTICIPATING IN AN INTERNSHIP AND AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.

  
\_\_\_\_\_  
Signature

3/9/2021  
\_\_\_\_\_  
Date

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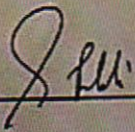
**INTERNSHIP AGREEMENT AND WAIVER OF LIABILITY**

I, MAJID SABBAHE, MD agree to participate in an internship with The County of Hidalgo, Texas, as outlined in this agreement. I hereby certify that I am at least 18 years of age at this time, and I am a student at UTRGV <sup>resident</sup>

I hereby agree to comply with all relevant policies, procedures and requirements as outlined in the Hidalgo County Internship Policy and the Personnel Policy Manual. I understand that I will not receive compensation for my services provided during the internship period, and that no other benefits will be provided. I understand that my placement and this internship is at-will and that I may be terminated at any time at the discretion of the County.

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Signature 

Date 3/31/2021