Hidalgo County Sheriff's Office Law Enforcement Internship Program

INTERNSHIP AGREEMENT AND WAIVER OF LIABIITY

I, Frida Salazar, agree to participate in an internship with The Hidalgo County Sheriff's Office, County of Hidalgo, Texas, in an unpaid capacity, as outlined in this agreement. I hereby certify that I am at least 18 years of age at this time, and that I am legally authorized to work in the United States. _

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

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 Sheriff's Office. 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 the Hidalgo County Sheriff's Office, the County of Hidalgo, 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 the Hidalgo County Sheriff's Office, the County of Hidalgo, and any 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.

Print Name frida Salazar

Signature frida **Date** 8/11/26