



## INTERN DECLARATION

I, the undersigned intern, serving the St. Louis County Historical Society, declare that in serving as an intern both on-site and off-site, I have knowledge of the risks involved and appreciate these risks, and I voluntarily undertake such risks. I understand further, that as an unpaid intern, I am not entitled to benefits under the Workers' Compensation Law of Minnesota.

Print Name of Intern: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Staff: \_\_\_\_\_ Date: \_\_\_\_\_