

Experiential Learning Placements Acknowledgement of Risks, Affirmation of Voluntary Participation, and Release of Claims

The mission of the University is to help each student develop his/her professional competencies. Experiential learning placements are designed to provide opportunities for students to learn to become effective in their area of practice through observations and practice in a professional setting. These experiences are designed to augment the knowledge, skills, and dispositions gained in the university classroom by requiring regular engagement in on-site, in-person practicum activities in a healthcare, public health, social service or other setting. However, these experiences also come with enhanced responsibility on the part of the student.

Compliance with policies and rules. By signing below, I affirm that I have read and will abide by all applicable University policies and departmental policies/guidelines as well as any policies and rules required by my experiential learning placement (ELP) site. I further affirm my responsibility to comply with all ethical standards associated with my professional placement.

Duty of care. I agree that it is my responsibility to understand and follow the ELP site's policies and procedures designed to identify and control risks, including safety and security procedures and bloodborne pathogen policies, and to obtain any immunizations or testing which the ELP site and University may recommend and/or require. I further understand that it is my responsibility to follow safe practices as set by the University, my relevant academic program, and my ELP site, as well as those required by local, state and federal governments. I acknowledge that it is my responsibility to bring to the University's and/or Department's attention any information regarding the ELP site being unsafe or otherwise improper.

Practicing within your competency. An important aspect of ethical, professional practice is knowing the limits of your knowledge and skills and not engaging in activities that are beyond your level of competence. I acknowledge that engaging in an ELP may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. It has been explained to me, and I understand, that faculty are available to discuss any questions or concerns I have about the nature and physical demands of this ELP and the inherent risks, hazards, and dangers associated with this activity.

Acknowledgement of risk. I acknowledge that there are certain risks inherent in my participation in this ELP, including, but not limited to risks arising from: travel to and from the ELP site; ELP activities; unpredictable or violent behavior of certain client populations served by the site; suboptimal working conditions due to conditions at the site, including but not limited to conditions related to pandemic/epidemic circumstances; and exposure to infectious diseases, including but not limited to tuberculosis, COVID-19 or other airborne pathogens, hepatitis, HIV or other bloodborne pathogens.

Assumption of risk and release. I acknowledge that my chosen profession is not risk free and that by extension, experiential learning placements for the profession may inherently involve risk

that could result in my bodily injury, up to and including death. I am voluntarily participating in this ELP in spite of these risks. I agree to assume those risks and release the University and its board, employees, agents, and successors, of and from any and all expenses, damages, judgments, and costs of whatever kind, including attorney's costs, that arise from any illness or injury that I may acquire or sustain while participating in the experiential learning placement.

Medical conditions and treatment. I acknowledge that University does not provide health and accident insurance for ELP participants and I agree to be financially responsible for any medical bills incurred as a result of emergency or other medical treatments. Should I require emergency medical treatment as a result of accident or illness arising during the ELP, I consent to such treatment. I will notify my academic supervisor if I have medical conditions about which emergency personnel should be informed.

Unforeseeable circumstances. Circumstances may arise that necessitate discontinuing – permanently or temporarily – ELPs. Such circumstances may include, but are not limited to, business disruptions, loss of site credentials, fire, flood, embargoes, war, acts of terrorism, civil commotions, natural disasters, and/or pandemics/ epidemics. I understand that in the event of such a circumstance the University will maintain communication regarding alternative pathways for completion of required coursework and will take all necessary steps to determine a suitable path forward. However, the University will not incur any liability as a result of unforeseen circumstances.

Voluntary election. I am voluntarily electing to move forward with my ELP in light of current circumstances. I acknowledge that if I have health issues or am not comfortable participating in the ELP at this time, I can elect to postpone my ELP to a later date, knowing that it may affect my original projected graduation date and/or the award of my degree. I also understand that I am free to discontinue my ELP at any time if I feel the risks are greater than anticipated, understanding that such discontinuance may affect my original projected graduation date and/or the award of my degree.

Student Signature

Date

Academic Supervisor

Date