

ACKNOWLEDGEMENT OF RISK/EXTERNAL EXPERIENCE FOR CREDIT

The undersigned acknowledges he/she is a student at Illinois State University (“ISU”), and wishes to participate in a pre-student teaching, student teaching, professional practice, clinical hours, internships, and/ or other external experiences (hereafter “clinical experiences”). In consideration of ISU’s support of the internship, and credit to be earned because of my participation in clinical experiences, the undersigned understands and acknowledges the following:

- 1) The undersigned understands that the clinical experience may take place at a third-party site that may have health and safety standards different from those at ISU, and that undersigned may be subjected to potential risks such as illness or injury. These risks may arise from causes which are many and varied and may not be foreseeable.
- 2) The undersigned acknowledges and understands that the third-party site is not under the control of ISU and that ISU cannot ensure the appropriateness of the clinical experience site, and that ISU makes no assurances, expressed or implied, about the safety or suitability of the site.
- 3) The undersigned represents that he/she will either undertake a personal investigation of the site and/or will otherwise knowingly assume any risks associated with participating in a clinical experience at the site.
- 4) The undersigned will obtain and maintain health, accident, disability, hospitalization and/or travel insurance as he/she may deem necessary during the clinical experience and will be responsible for the costs of such insurance and for any expenses incurred that are not covered by insurance.
- 5) The undersigned acknowledges and agrees that ISU is not responsible for providing any automobile insurance coverage if he/she/they choose to use a personal vehicle for the benefit of the clinical experience site while performing this clinical experience. The undersigned also understands that he/she/they is fully responsible for any travel to and from the professional practice, and/or housing at the clinical experience site.
- 6) The undersigned acknowledges and agrees that the clinical site may make changes and/or have interruptions to the clinical experience and ISU will not be responsible for any damages, losses, interruption, or liability of the undersigned, that arise from circumstances beyond the control of ISU (including without limitation strikes, work stoppages, accidents, acts of war or terrorism, civil or military disturbances, nuclear or natural catastrophes or acts of God, business interruptions, disease, national or local emergency, government action or inaction, travel restrictions, loss or malfunctions of utilities, communications or computer (software and hardware) services. The undersigned agrees he/she/they takes full responsible for any such damages, losses, or liabilities.

I have read this acknowledgement of risk and fully understand its terms.

Name (Printed) _____ Date _____

Signature _____