

Affirmation and Acknowledgement of Risk

I, _____, affirm that I have read the College of Education and Human Development Department of Recreation Parks and Tourism Internship Handbook and understand the nature of supervised clinical/fieldwork involving on-site, in-person activities in a professional setting and agree to abide by the policies in the aforementioned documents.

_____ I acknowledge that I am healthy to participate in a clinical or field-based experience and have not had COVID-19 symptoms (fever, cough, shortness of breath, excessive fatigue, muscle/body aches, headache, loss of taste, sore throat, congestion, nausea, vomiting, or diarrhea), tested positive, or been exposed to anyone with COVID-19 in the past 14 days.

_____ I acknowledge that Radford University Department of Recreation Parks and Tourism has explained to me the nature and physical demands of clinical/field/practicum experience and the potential risks, hazards, and dangers associated with it.

_____ I acknowledge that there are certain risks inherent in my participation in this clinical/field/practicum experience, including, but not limited to risks arising from:

- Unpredictable or violent behavior of certain patient/client populations served by the clinical/field/practicum site;
- Exposure to infectious diseases, including tuberculosis or other airborne pathogens (e.g., COVID-19), and hepatitis, HIV or other bloodborne pathogens.

_____ I agree that it is my responsibility to understand and follow the clinical/field/practicum site's policies and procedures designed to identify and control risks, including safety and security procedures, bloodborne pathogen policies, and to meet the required immunizations which the clinical/field/practicum site may require or Radford University requires. I acknowledge that all risks cannot be mitigated and could result in my bodily injury and/or illness, up to and including death, and agree to assume those risks beyond the control of Radford University faculty and staff.

_____ I represent that I am otherwise capable, with or without accommodation(s), to participate in this clinical/field/practicum experience.

_____ Should I require emergency medical treatment as a result of an accident or illness arising during the clinical/field/practicum experience, I consent to such treatment. I acknowledge that Radford University does not provide health and accident insurance for clinical/fieldwork participants and I agree to be financially responsible for any medical bills incurred as a result of emergency or other medical treatments. I will notify my university supervisor/Clinical/Field/Practicum Director or Coordinator if I have medical conditions about which emergency personnel should be informed.

_____ I acknowledge that I understand and will follow safe practices and protocols to include infection control standards as recommended by the Centers for Disease Control, Radford University Department of Recreation Parks and Tourism and my clinical/field/practicum site.

_____ I acknowledge that participation in this clinical/field/practicum experience is required by the program for satisfactory progression, completion, and/or graduation. I may postpone any clinical/field/practicum placement without academic penalty; however, I understand that postponement of a clinical/field/practicum placement may delay program progression, completion, graduation, and recommendations for licensure, certification, or other credentialing requirements.

_____ I have fully informed myself of the contents of this affirmation by reading it before I signed it. I am of lawful age and legally competent to sign this affirmation and acknowledgement of risk. I assume my own responsibility of physical fitness and capability to perform the activities involved in the clinical/field/practicum experience. I understand if I have any questions as to whether a physical or medical condition would prevent my full participation in any of the abovementioned courses, I should approach the Department of Recreation Parks and Tourism, Director/Coordinator of Field/Practicum Experience or the course instructor and the Radford University Center for Accessibility Services who will discuss possible accommodations.

I, _____, (Printed Name) have executed this this affirmation
and acknowledgement on _____ (Date).

Signature

