

**AFFIRMATION AND ACKNOWLEDGEMENT OF RISK**  
**Field Experience – Credited Internship/Co-op**

I, the undersigned Student, affirm that I understand the nature of my supervised clinical/fieldwork/practicum/internship/co-op involving on-site, in-person activities in a professional setting (“Field Experience”). I affirm that the University of Massachusetts has explained to me, and I understand, the nature and physical demands of Field Experience and the potential risks, hazards, and dangers associated with Field Experience.

I understand that participation in Field Experience is not required for satisfactory progression, completion and/or graduation from the University Program in which I am currently enrolled, and that my participation in this Field Experience at this time is **voluntary**.

I acknowledge that there are certain and increased risks inherent in my participation in this Field Experience, including, but not limited to, risks arising from: (1) exposure to infectious diseases, including tuberculosis or other airborne pathogens (e.g., COVID-19), hepatitis, HIV, and/or other bloodborne pathogens; (2) unpredictable and/or violent behavior of certain patient/client populations served by the Field Experience site; and (3) \_\_\_\_\_ . I acknowledge that all risks cannot be mitigated and could result in my bodily injury and/or illness, up to and including death. **I voluntarily and knowingly assume all risks of damages and injury, including death, which I may sustain while participating in, or in any way arising as a result of, my participation in the Field Experience, including my travel to and from the Field Experience.**

I understand and agree to follow the safe practices and protocols, including infection control standards as recommended by the Centers for Disease Control, the University of Massachusetts, and my Field Experience site. I agree that it is my responsibility to understand and follow the Field Experience 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 Field Experience site and/or University of Massachusetts may require.

I am aware that I am solely responsible for any medical costs and liabilities arising out of my participation in the Field Experience. Should I require emergency medical treatment as a result of accident or illness arising during the Field Experience and become unable to consent to treatment, I hereby consent to such treatment, and agree to be financially responsible for any medical bills incurred as a result of such emergency or other medical treatments.

I understand if I have any question as to whether a physical or medical condition would prevent my full participation in the Field Experience, it is my responsibility to contact my University of Massachusetts Field Experience Director, or the University of Massachusetts Office of Disability Services.

**I certify that I am at least 18 years of age and have read and understand this entire Affirmation and Acknowledgment of Risk Form.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student SPIRE ID

\_\_\_\_\_  
Date