**Affirmation and Acknowledgement of Risk**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affirm that I have read the [describe program’s policies or handbook or manual] and understand the nature of [describe practicum, internship, etc.] involving regular engagement in on-site, in-person practicum activities in a [clinic, hospital, lab, etc.] setting.

\_\_\_\_\_\_ I acknowledge that engaging in this activity may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I acknowledge that the University of Montana has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

\_\_\_\_\_\_ I acknowledge that there are certain risks inherent in my participation in this practicum, including, but not limited to risks arising from:

1. Driving to and from the practicum site, or while in the course of practicum activities;
2. Unpredictable or violent behavior of certain client populations served by the practicum site;
3. Exposure to infectious diseases, including tuberculosis or other airborne pathogens (e.g., COVID-19), and hepatitis, HIV or other bloodborne pathogens.

[add or change to these points particular risks]

\_\_\_\_\_\_I acknowledge that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO).  I acknowledge that COVID-19 is extremely contagious and is believed to be spread mainly from person to person contact.  I further acknowledge that participating in this practicum during the pandemic increases the possibility of my exposure to COVID-19 and the risk of infection cannot be eliminated.

\_\_\_\_\_\_ I acknowledge that all risks cannot be prevented and could result in my bodily injury, up to and including death, and agree to assume those risks beyond the control of University faculty and staff. I agree that it is my responsibility to understand and follow the Practicum 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 which the Practicum Site may recommend or the University require. I represent that I am otherwise capable, with or without accommodation, to participate in this practicum.

\_\_\_\_\_\_\_ Should I require emergency medical treatment as a result of accident or illness arising during the practicum, I consent to such treatment. I acknowledge that the University of Montana does not provide health and accident insurance for practicum 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 Practicum Instructor if I have medical conditions about which emergency personnel should be informed.

\_\_\_\_\_\_\_ I certify that I understand and will follow safe practices as set by our state and federal government, UM Administration, the [other standards or regulations].

\_\_\_\_\_\_\_\_ I acknowledge that participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and in full knowledge of the inherent risks.

\_\_\_\_\_\_\_\_\_ 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 [describe clinic, course, practicum, etc.]. I understand if I have any question as to whether a physical or medical condition would prevent my full participation in any of the abovementioned courses, I should approach the [ ] or the University Office of Disability Services for Students who will discuss possible accommodations.

I, , (Print Name) have executed this affirmation and acknowledgement on this DATE:.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -------------------------------------

Signature Date