

## FOR STUDENTS ONLY

### ACADEMIC INTERNSHIP/CLINICAL PRACTICUM PARTICIPATION ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

As the COVID-19 pandemic continues and evolves, each state and many municipalities of the United States has issued emergency orders with specific limitations related to travel, essential jobs, stay-at-home directives, and other personal limitations in place for the safety of individuals and the community and to minimize the transmission of the coronavirus that causes COVID-19. I understand that COVID-19 can be a serious illness requiring medical treatment, which may require hospitalization, and which may result in long-term or permanent injury including death.

I have reviewed the University of South Carolina webpage containing [Coronavirus/COVID-19 Information](#), including but not limited to information available from the Centers for Disease Control and Prevention ([CDC](#)). I understand the risks associated with contracting COVID-19 and further understand and accept my responsibility to conduct myself responsibly by following all applicable advice and directives to prevent transmission. Specifically, I will wear adequate personal protective equipment (PPE) while at the internship/clinical site and I will not knowingly interact with persons who have tested positive for COVID-19 or who are presumed positive for COVID-19.

I have talked with my internship/clinical coordinator about the risks of contracting the COVID-19 coronavirus and the precautionary measures in place at the internship/clinical site. I understand that the site has agreed to provide me with adequate PPE as required by applicable state and federal law. My internship/clinical coordinator has received assurances from the clinical site confirming that the site is in compliance with any federal, state, and local guidance or requirements related to COVID-19. If I find that the site is not in compliance for any reason, I will notify my internship/clinical coordinator immediately.

Because my academic program requires internship/clinical hours, I acknowledge that the University has provided me the option to complete the required internship/clinical hours at the internship/clinical site for as long as the site permits my participation. I agree that I am solely responsible for my choice to engage in an on-site internship or clinical practicum at this time. I also understand that the guidance from the CDC, the University of South Carolina, and the internship/clinical site may change, and I may be required to adhere to those changes. I understand that I may decline to participate in an on-site internship experience or clinical practicum at this time. Even if I initially choose to participate, I may later decide to cease participation in my on-site internship/clinical experience if I do not feel comfortable or safe in the site environment. If I choose not to participate or cease my participation in an in-person clinical practicum or internship experience at this time, I will be given an opportunity to complete the required in-person internship/clinical hours in an upcoming academic term when I feel comfortable and safe doing so. I further understand that if I choose not to participate or cease my participation in an in-person internship/clinical practicum, my academic progression toward degree completion may be delayed.

I understand that my participation may include inherently dangerous activities that expose me to certain damages and risks, including but not limited to all risks associated with contracting the COVID-19 virus such as serious illness, hospitalization, or death. I also understand that these risks are elevated for individuals with underlying medical conditions such as diabetes, lung disease and heart disease. I understand that if I become ill or symptomatic or there are additional advisories or other external restrictions on my participation in the internship/clinical experience, I may be removed from the site immediately.

**I knowingly and voluntarily elect to participate in my internship experience/clinical practicum at this time and hereby accept the risks as outlined by the CDC, the University of South Carolina, and the internship/clinical site.** I further expressly agree that the foregoing acknowledgement of risk is intended to be as broad and inclusive as is permitted by the law of the State of South Carolina and that if any portion is held invalid, it is agreed that the remaining portions shall, notwithstanding, continue in full legal force and effect. I, the undersigned, attest that I am at least 18 years of age. I have read this Acknowledgement of Risk freely and voluntarily with full knowledge of its significance.

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

\_\_\_\_\_  
Date

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

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**If the participant is younger than 18 years of age, then his/her parent or legal guardian must also sign where indicated below:**

I am the parent or legal guardian of the participant indicated above, who is under the age of 18. I agree on behalf of my child or ward to all the terms contained in this release.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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Printed Name of Parent or Legal Guardian

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