

Off-Campus Activities:

Internship, Community Engagement, Experiential Learning, or Other Off-Campus Activity

Student Name _____ Student ID: _____

Activity: _____ Activity Dates: _____

Activity Location: _____

Due to the uncertainty caused by the COVID-19 pandemic and the potential risks involved with any type of internship, experiential learning, or other activity involving community engagement, students should thoughtfully consider whether participation in this activity is in their best interest, both personally and academically. Even with the public health and other health and safety measures implemented by TCU and/or by each clinical, practicum, internship or fieldwork site or placement, or other third-party facility to prevent the spread of COVID-19, TCU cannot promise or ensure that a student will not be exposed to or contract COVID-19. Each TCU student is responsible for his or her own health and well-being, and must evaluate the risks of participating in an off-campus activity in light of that student's health history, underlying health conditions, advice from healthcare providers, the availability or accessibility of healthcare facilities and providers when travelling, and other factors that may impact the risks of contracting the COVID-19 virus.

Just like all TCU students, those who choose to participate in a clinical, internship or field placement, community engagement, experiential learning opportunity, or other off-campus activity should have health insurance. Students are also responsible to obtain, review, and ensure they are comfortable with the health and safety protocols of the employer or internship site or other program location prior to participating in the activity. Students are encouraged to use guidelines suggested by the CDC and local health authorities in their assessment.

This form is in addition to, and not a substitute for, the Informed Consent, Assumption of Risk, Release from Liability, and Indemnity Agreement form required of all students participating in off-campus activities.

Please select one of the following statements and return this form to your course faculty:

_____ I do not choose to participate in the activity identified above. In the case of an academic program, I will immediately consult with my academic advisor to understand alternatives and how this might impact my academic progress or plan.

_____ Yes, I will participate in the practicum, internship, field or clinical placement, community engagement, and/or other off-campus activity and I represent that I have current health insurance coverage and will maintain that coverage while I am a student at TCU. By signing below and choosing to participate in the identified activity, I acknowledge that TCU cannot eliminate the risks to me of contracting the COVID-19 virus or any harm to my life and health that may be caused by the virus. By signing below, I also represent that I have considered and evaluated the risks associated with participating in the identified activity in light of my health history, underlying health conditions, advice from my healthcare providers, and other factors that may impact the risks to me of contracting the COVID-19 virus. By choosing to participate in this activity, I represent that I have decided to assume those risks. Finally, by choosing to participate in the identified activity and signing below, I agree that on behalf of myself, my executor, heirs, and assigns, I release and hold harmless Texas Christian University and its trustees, officers, employees, agents, and successors of and from any and all expenses, damages, judgments, and costs, of whatever kind, that arise from any illness or injury I may acquire or sustain while participating in the practicum, internship, field of clinical placement, or other off-campus activity.

Student Signature

Date

Course Faculty/Program Sponsor

Date

Program Director (as appropriate)

Date