

Off-Campus Activity Internship, Community Engagement, and Experiential Learning Spring 2021

Student Name:	Student ID:
Activity:	Activity Dates:
Activity Location:	
Due to the uncertainty caused by the COVID-19 pandemic a experiential learning or other activity involving community whether participation in this activity is in their best interest, health and other health and safety measures implemented site or placement to prevent the spread of COVID-19, TO exposed to or contract COVID-19. Each TCU student is remust evaluate the risks of participating in a an off-campus a health conditions, advice from healthcare providers, the providers when travelling, and other factors that may impact	ty engagement, students should thoughtfully consider both personally and academically. Even with the public by TCU and/or by each clinical, practicum or internship CU cannot promise or ensure that a student will not be esponsible for his or her own health and well-being, and activity in light of that student's health history, underlying availability or accessibility of healthcare facilities and
Just like all TCU students, those who choose to participate similar community engagement or experiential learning opposinsurance. Students are also responsible to obtain, review safety protocols of the employer or internship site or location Students are encouraged to use guidelines suggested by the	ortunity in the 2020-21 academic year should have healthy, and ensure they are comfortable with the health and prior to participating in the activity at the activity location.
This form is in addition to, and not a substitute for, the Affirm all students participating in off-campus activities.	mation and Acknowledgement of Risk form required of
Please select one of the following statements and retur	n this form to your course faculty:
I do not choose to participate in the activity identif advisor to understand alternatives and how this mig	fied above. I will immediately consult with my academic ght impact my academic progress or plan.
intercession/spring 21 semester, and I represent maintain that coverage while I am a student at TC identified activity, I acknowledge that TCU cannot el or any harm to my life and health that may be caus have considered and evaluated the risks associated participating in the identified activity in light of my I my healthcare providers, and other factors that m virus. By choosing to participate in this activity, I rep by choosing to participate in the identified activity executor, heirs, and assigns, I release and hold harr employees, agents, and successors of and from ar	for field or clinical placement as scheduled in the winter that I have current health insurance coverage and will CU. By signing below and choosing to participate in the liminate the risks to me of contracting the COVID-19 virus sed by the virus. By signing below, I also represent that did with living and learning in a campus environment and/or health history, underlying health conditions, advice from any impact the risks to me of contracting the COVID-19 present that I have decided to assume those risks. Finally and signing below, I agree that on behalf of myself, my maless Texas Christian University and its trustees, officers my and all expenses, damages, judgments, and costs, or arry I may acquire or sustain while participating in the trustees.
Student Signature	Date

Date

Course Faculty/Program Director