



# COLLEGE-SPONSORED OFF-CAMPUS LEARNING EXPERIENCE ACKNOWLEDGEMENT OF RISK AND CONSENT FORM

This Agreement must be signed by the student and reviewed by the Faculty Supervisor *before the first day of site placement.*

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## SECTION I (TO BE COMPLETED BY STUDENT AND REVIEWED BY FACULTY SUPERVISOR)

Off-Campus Learning Site: \_\_\_\_\_

Faculty Supervisor Name: \_\_\_\_\_

Course Number and Name (if applicable): \_\_\_\_\_  
\*\*\* Please note: any experiences for which a student is to receive course credit always has tuition and fees attached. \*\*\*

Off-Campus Learning Experience Activities include but are not limited to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION II (TO BE COMPLETED BY THE STUDENT)

I understand that there are certain dangers, hazards and risks that may be associated with my participation in the off-campus learning experience activity(s) described above. I further understand that all risks cannot be prevented. I have considered the risks associated with participating in this off-campus learning experience and knowingly and voluntarily assume all such risks. Furthermore, I represent that I am physically and mentally capable of participating in this off-campus learning experience and that I am capable of using the equipment, if any, associated with the off-campus learning experience.

On behalf of myself, and my family, heirs, assigns, and personal representatives, I hereby agree to indemnify, hold harmless, release from liability and waive any legal action against the College, its governing board, officers, agents and employees (collectively, "the Released Parties") for any personal injury, death, or property damage I may suffer or cause to a third party arising out of or in any way connected to my participation in the off-campus learning experience or while in transit to or from off-campus learning experience.

I represent that I am covered by adequate medical/health/accident insurance for any injury that I may suffer at off-campus learning experience site. In the event I require medical services due to an injury suffered during the off-campus learning experience, I understand and agree that the College does not provide medical services or medical personnel at the off-campus learning experience site and is under no obligation to provide transportation for me to obtain medical services.

I understand and agree that this document shall be construed in accordance with the laws of the Commonwealth of Massachusetts. If any term or provision of this document shall be held invalid or unenforceable, the remaining terms and provisions shall remain in full force and effect. I understand that by signing this document I am representing that I have read and understand all of its terms and conditions and that I fully intend to be bound by the same. I also understand that I may wish to consult with an attorney prior to signing this document.

Student's Name (printed): \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***A copy of this form must immediately be placed on file with the Office of Student Placement & Career Planning.  
A copy of this form was forwarded to the Office of Student Placement & Career Planning on (date): \_\_\_\_\_ Initials \_\_\_\_\_***