

Belmont College Student Understanding of Risk

I understand that there are inherent risks, both known and unknown, associated with the activities required for my program of study. Risks of harm can include but are not limited to infectious diseases and/or physical and/or psychological injuries. I understand that these risks can occur at any time or during any setting which includes my time in lecture, laboratory, or clinical/community experiences.

The safety of our students, faculty, and staff is always our top priority. If at any time the State of Ohio requires the College to adjust the teaching/learning experiences for the health and safety needs of all, we will adjust accordingly and will notify you immediately. These changes may include the possibility of reinstating the restriction on face-to-face lecture, laboratory, and clinical/community experiences.

The College cannot guarantee that a student participating in lecture, laboratory or clinical/community experiences will not be exposed to, transmit, or become infected with any infectious disease process. Furthermore, the College does not monitor, oversee, or control the environment at third-party locations. Students should understand that there are risks, known and unknown, related to participating in any learning experience.

I confirm that representatives of Belmont College have explained to me the known risks associated with my participation in the activities. I agree to seek clarification for issues that I do not understand.

I understand that although Belmont College and the facility/facilities at which I undertake my clinical experience will make reasonable efforts to assure my safety, there are unavoidable risks involved in the activities.

I accept full responsibility for my safety and well-being by participating in the activities.

I hereby agree to release and hold harmless Belmont College, its employees, officers, agents, and affiliates and to indemnify any or all of them from any and all liability, loss, damages, costs, or expenses which may be sustained or incurred by me as a result of my participation in the activities. I agree to release the College and all clinical sites from any financial responsibility from any bodily harm that may come upon me during my course of study.

I understand that I am giving up specific legal rights by signing this document.

I understand that this document will remain in effect during the time that I am enrolled in my program of study.

I understand that I may not participate in my program of study without this signed document.

I have read and executed this document with full knowledge of its significance.

Program of Study: _____

Student's PRINTED Name: _____

Student's Signature and Date: _____