

**ALBANY STATE UNIVERSITY**  
**SOCIAL WORK DEPARTMENT**  
**INFORMED CONSENT AND ASSUMPTION OF RISK**

Albany State University is a public state educational institution. References to Albany State University include “ASU”, its Board of Regents, trustees, officers, officials, employees, volunteers, students, agents, and assigns.

I (print your name) \_\_\_\_\_ understand I am to participate in the Social Work Field Education Program (henceforth referred to as the Program). **I also understand that I must have my own vehicle for purposes of performing tasks and duties as assigned.**

I fully understand and appreciate the dangers, hazards and risks inherent in participating in the Program, in the transportation to and from the Program, and in any independent research or activities I undertake as an adjunct to the Program.

I agree that participating in any activity is an acceptance of some risk of injury and/or loss or damage of property. I agree that my safety is primarily dependent upon my taking proper care of myself. I understand that it is my responsibility to know what I will need for the Program and to provide what I will need. I agree to make sure that I know how to safely participate in any activities, and I agree to observe any rules and practices, which may be employed to minimize the risk of injury. I agree to stop and seek assistance if I do not believe I can safely continue any activity. I will not wear or use or do anything that would pose a hazard to others, or myself including using or ingesting any substance which could pose a hazard to others or myself. I agree that if I do not act in accordance with this agreement, I may not be permitted to continue to participate in the Program.

In consideration of my participation in this Program, I agree as follows:

**SPECIFIC HAZARDS OF TRAVEL OR PROGRAM:** Despite precautions, accidents and injuries can occur. I understand that traveling, doing fieldwork or being in a large city may be potentially dangerous, and that I may be injured and/or lose or damage personal property as a result of participation in the Program. Therefore, **I ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including, but not limited to:

- Death, injury or illness from accidents of any nature whatsoever, including, but not limited to, bodily injury of any nature, whether severe or not, which may occur as a result of participating in an activity or contact with physical surroundings or other persons; arising from travel by car, bus or any other means; death injury or illness including food poisoning arising from the provision of food or beverage by restaurants or other service providers.
- Theft, loss or damage of my personal property while in transit or participating in the Program.
- Natural disaster or other disturbances, and alteration or cancellation of the Program due to such causes.
- *(Specific dangers endemic in this Program’s area of travel or endemic to the Program.*

**INSTITUTIONAL ARRANGEMENTS:** I understand that ASU is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the Program. I understand that ASU may provide these services only as a convenience to participants and that accordingly, ASU accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that ASU is not responsible for matters that are beyond its control. I acknowledge that ASU reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by ASU.

**INDEPENDENT ACTIVITY:** I understand that ASU is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any ASU activity. In addition, I understand that any travel that I do independently on my own before or after the ASU sponsored Program is entirely at my own expense and risk.

**HEALTH AND SAFETY:** I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any. I recognize that ASU is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility. I agree to pay all expenses relating thereto.

**ASU RULES, REGULATIONS AND POLICIES:** I agree to obey and comply at all times with all of the rules, regulations, codes and policies of ASU while participating in the Program. I agree to notify my professor immediately of any injury or loss.

**TRAVEL CHANGES:** If I become separated from the Program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the Program group at its next available destination.

**SIGNATURE:** I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Informed Consent and Assumption of Risk Form and acknowledge that I understand it. My signature below indicates that I have read and freely signed this agreement, which take effect as a sealed instrument.

**IMPORTANT – READ THE ENTIRE AGREEMENT BEFORE SIGNING.**

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Signature of Program Participant	Date
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Signature of Parent or Legal Guardian (If student is a minor)	Date
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