



**ACKNOWLEDGEMENT OF RISK FORM OFF-CAMPUS EDUCATIONAL EXPERIENCES**

*Please initial each item indicating your full understanding and agreement to each point.*

\_\_\_\_\_ I am a Stetson University student who is voluntarily participating in an off-campus educational experience during the Spring 2021 semester. I am aware that I may delay enrolling in this course or participating in this experience; however, I'm also aware that if I choose to delay this course or experience, it may affect my timeline towards graduation and/or licensure.

\_\_\_\_\_ Stetson has notified me, and I am fully aware that, there exist heightened and unpredictable health risks associated with the COVID-19 pandemic. Those risks include exposure to asymptomatic carriers of the COVID-19 virus and the transfer of the virus through interpersonal communications and sharing spaces with others.

\_\_\_\_\_ I am aware that nearly every day, the Center for Disease Control & Prevention and state and local health departments are reviewing and updating their respective guidance on the pandemic and its impact on various industries and worksites. I am aware that the science related to COVID-19 is constantly evolving and that not all of the long-term effects are currently known.

- **Centers for Disease Control (CDC) Guidelines** – <https://www.cdc.gov/coronavirus/2019-ncov/>
- **Florida Department of Health** - <https://floridahealthcovid19.gov/>
- **Guidance and mandates from local authorities** – *See local websites.*

\_\_\_\_\_ I am aware of CDC guidance regarding how to reduce the spread of COVID-19 currently including maintaining a safe personal distance of at least six feet from other people, frequently washing hands and cleaning surfaces, and wearing personal protective equipment such as cloth face coverings. I am also aware of the resources available on [Stetson's Safer Campus](#) website.

\_\_\_\_\_ In addition, I am aware that my off-campus educational site has specific safety policies that I am required to follow while present at this site. I agree to contact my host site before my first day in the field and receive information on their safety policies related to COVID-19. I am aware that Stetson University's Policy on Face Coverings should be followed while participating in an off-campus educational experience regardless of the host site's policies.

\_\_\_\_\_ I understand that participating in an off-campus educational experience may have a heightened risk. I recognize the possible danger of exposure to COVID-19. I am voluntarily participating in an off-campus experience and acknowledge the risk involved.

\_\_\_\_\_ **To help mitigate this risk, I agree to participate in Stetson-sponsored free COVID-19 PCR nasal swab testing on my respective campus (DeLand or Gulfport) beginning the week of January 18<sup>th</sup>, and continuing at regular intervals through the end of the semester. I am aware that I if I am unable to participate in on-campus testing for any reason, including the need to get tested off-campus, that I am required to request an exemption in advance through the Safer Campus website.**

\_\_\_\_\_ I know there is a possibility that my off-campus educational experience could end early with little or no notice due to federal, state or local COVID-19 outbreaks. I understand that Stetson University has no control over, or ability to predict, such events.

**Acknowledgement and Signature**

I am 18 years of age or older. I certify that I have read and understand this Acknowledgement of Risk document, and I voluntarily sign, acknowledging the significance and consequences of doing so.

Student name: \_\_\_\_\_ 800#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Typed name serves as student signature)*

Emergency Contact Name and Number: \_\_\_\_\_