INFORMED CONSENT
Identified Risks of Participation

Instructor:________________________________________________________________________

Course Name:_____________________________________________________________________

Semester and Year_______________________________________________

Name of Placement Organization:

Name of Organization Supervisor:

This is an Informed Consent, which identifies risks of participating in an academic activity. This form is only to be used for required academic activities. Faculty is to add any other specific risks associated with this activity that they are aware of. Please contact Risk Management & Safety for assistance in identifying risks.

I agree to act in a responsible manner while representing California State University San Marcos at the placement organization and abide by all rules and regulations that govern the site in which I have been placed.

I understand the connection between the academic objectives and placement duties to be fulfilled at the placement organization.

I have participated in orientation and have read the attached Guidelines and Limitations and understand my role as a student field placement participant.

I understand, acknowledge and assume the risks involved in this service placement. I understand that injury and illness, up to and including death, may result from my participation in this activity. Additional risks, foreseen and unforeseeable, common and uncommon, may also exist and are also assumed through participation in this activity. Property damage or loss may occur for which I may be held liable due to my negligence or willful misconduct. Other potential risks include:

 Injury and illness from tripping, falls, falling objects, fire and explosions, dust, insects, allergies, fungus, material, viral diseases, and infection.
 Injury and illness from the hands of another, from equipment and machinery, and from vehicles and other transportation, fumes, and noise.
 Injury and illness from my failure to follow the direction of a representative from the placement organization, or their designee, or any person with the authority to direct my activities while participating in this activity.

I understand that the University does not maintain accident medical coverage and that any accident or incident in which I am involved during this activity is to be reported immediately to the University Police at (760) 750-4567. Furthermore, I understand that the University is not responsible for loss or any damage to my personal property. In case of serious injury or illness, call the local EMERGENCY 911 for immediate assistance.

I, ____________________________, a student of Cal State San Marcos, have received and reviewed the above information regarding risks of participation in the identified activity(ies).

Print Name ____________________________ Signature ____________________________ Date _______________

(Parent or Guardian must sign above if student is under 18 years old.)

Emergency Contact ____________________________ Telephone Number ____________________________ Relationship ____________________________