

**FIELD PLACEMENT AGREEMENT,  
RISK ACKNOWLEDGEMENT, AND RELEASE  
SEATTLE UNIVERSITY  
SOCIAL WORK PROGRAM**

The practice of social work involves risks inherent in client contact. Students engaged in field practicum experience should engage in behavior that enhances safety and minimizes risk. To assist students in understanding how to minimize risk and enhance safety, the Agency's Practicum Instructors will orient students to the safety and risk management procedures of the Agency at the onset of the placement and regularly during supervision.

I, in consideration of being allowed to participate in a field practicum as part of my academic program, hereby acknowledge and agree as follows:

1. I understand and acknowledge that there are certain risks inherent in my participation in this social work practicum, including, but not limited to, risks arising from:

- Commuting to and from the practicum site, or while in the course of practicum activities;
- Providing services to clients or their family members who may become unpredictable, angry, or violent;
- Exposure to communicable or infectious diseases, bodily fluids, medicinal preparations, or toxic substances.

2. I acknowledge that all risks cannot be prevented and some risks could result in loss or damage to my personal property or injury to my body, up to and including death. I agree to assume those risks, whether foreseen or unforeseen, that are beyond the reasonable control of Seattle University faculty and staff.

3. I acknowledge and agree that it is my responsibility to understand and follow the Agency's safety procedures and safety guidelines as described by the Practicum Instructor to minimize risks and enhance my safety while placed at the Agency. I understand that I will not be forced to engage in assignments in the field practicum in which I feel physically at risk. I agree to report to my Practicum Instructor any incidents in which I am or feel physically threatened or unsafe while in the field practicum.

4. I understand that in connection with my field placement, I must have the ability to interpret, adapt, and apply safety procedures and guidelines. I must be able to react calmly and effectively in emergency situations and have the ability to establish and maintain effective relationships with a variety of client populations, agency staff, faculty, other social work or health care professionals, and the public.

5. If I have a physical, mental, or sensory condition that could affect my ability to participate fully in a field practicum experience, or to perform the essential duties and responsibilities typically associated with a field practicum, then it is my responsibility to timely notify the Seattle University Office of Disabilities Services (206-296-5740) to discuss reasonable accommodations or modifications.
6. When I am participating in the practicum activities, I am doing so as a Seattle University student, and not as an employee of the practicum site. Therefore, if I am injured or hurt or become ill in connection with my field assignment, I understand that I am not eligible for workers compensation insurance or benefits.
7. I understand and agree that I must have health insurance coverage in place for the duration of my field practicum and that I am responsible for obtaining that insurance. If I require emergency medical treatment as a result of an accident or illness arising during the practicum, I consent to such treatment. I agree to be financially responsible for any medical bills that I may incur resulting from emergency or other medical treatments.
8. I agree to notify my Practicum Instructor of any medical conditions that might necessitate an emergency response by the practicum site.
9. It is my responsibility to comply with the standards, policies, and procedures established by the practicum site. The practicum site will have the right to take immediate temporary action to correct a situation where my actions endanger client care or are unethical, disruptive, or unprofessional. All final resolutions of my academic status in such situations will be made solely by the BSW Program at Seattle University. The practicum site has the right to terminate the use of its facilities by me where necessary to maintain its operation free of disruption and to ensure quality client care.
10. I understand that the practicum site may require me to submit to a criminal background check and be certified in that check as clear of criminal conduct. I also understand that this background check is independent of any background check the BSW Program may require. I agree to cooperate with the practicum site in obtaining any background check the site requires.
11. If, in connection with my participation in the field practicum, I suffer any injury, illness, loss, expense, damage, or death, I agree not to sue and agree to release and forever discharge Seattle University and its governing board, officers, administrators, agents, faculty, employees, and students from any and all claims, demands, causes of action, costs, or expenses that can or may arise from my participation in the practicum. This release and covenant not to sue is binding on my family, my heirs, my personal representative, agents, or assigns.

12. I am at least 18 years of age and legally competent to sign this document. I have read and understand everything written above, and I voluntarily sign this Agreement, Risk Acknowledgment, and Release.

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Name of Student (Please Print Legibly)

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Student Signature

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Date

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Name of Practicum Instructor

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Name of Practicum Site

*White- Seattle University, Yellow-Student, Pink-Agency  
Revised 9/04*