



**Seattle University College of Education Counseling Program
Risk Acknowledgement and Release – Form 10**

For: (COUN 5540 and 5640) and (COUN 5550-5560-5570 and COUN 5650-5660-5670)

This agreement is to be signed by all Practicum and Internship students for both Clinical Mental Health and School Counseling Programs. **This document must accompany all practicum and internship agreements.**

The practice of counseling involves risks inherent in client contact. Students engaged in a practicum or internship experience should engage in behavior that enhances safety and minimizes risk. To assist students in understanding how to minimize risk and enhance safety, the Site Supervisors will orient students to the safety and risk management procedures of the Practicum or Internship Site at the onset of the placement and regularly during supervision.

I, _____, in consideration of being allowed to participate in a practicum or internship 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 counseling practicum or internship, including, but not limited to, risks arising from:
 - Commuting to and from the site, or while in the course of 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 Practicum or Internship Site's safety procedures and safety guidelines as described by the Practicum or Internship Site Supervisor to minimize risks and enhance my safety while placed at the Site. I understand that I will not be forced to engage in assignments in which I feel physically at risk. I agree to report to my Site Supervisor any incidents in which I am or feel physically threatened or unsafe.
4. I understand that in connection with my practicum or internship, 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 or school staff, faculty, other counseling or health care professionals, and the public.
5. If I have a physical, mental, or sensory condition which could affect my ability to participate fully in a practicum or internship experience, or to perform the essential duties and responsibilities typically associated with a practicum or internship, then it is my responsibility to timely notify the Seattle

University Office of Disabilities Services, (206) 296-5740, to discuss reasonable accommodations.

6. When I am participating in the practicum or internship activities, I am doing so as a Seattle University student, and not as an employee of the 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 that Seattle University does not provide health insurance for students in field placements. 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 Site Supervisor of any medical conditions that might necessitate an emergency response by the site.
9. It is my responsibility to comply with the standards, policies, and procedures established by the placement site. The 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 Counseling Programs at Seattle University. The placement 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 or services.
10. If, in connection with my participation in the field placement, I suffer any injury, illness, loss, expense, damage, or death that is beyond the reasonable control of Seattle University, 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 or internship. This release and covenant not to sue is binding on my family, my heirs, my personal representative, agents, or assigns.
11. 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.

Student Signature

Student Name: _____ Date: _____

Student Signature

Name of Course Instructor

Name of Site Supervisor

Please send this form as an attachment directly to Professor Jackie Leibsohn, LEIBSOHN@seattleu.edu, with a copy sent to Leesa Salcedo, Senior Administrative Assistant, Counseling Department, lsalcedo@seattleu.edu

This form must be on file prior to the starting date for each student's field experience.