

Child Development Lab Affirmation and Acknowledgement of Risk

I, _____, affirm that I have read the Affirmation and Acknowledgment of Risk, and understand the nature of this experience involving regular engagement in on-site, in-person practical learning activities with young children and their families in a laboratory school program.

_____ I acknowledge that entering into this experience during _____ semester poses certain risks including, but not limited to, risks arising from exposure to infectious diseases, particularly COVID-19.

_____ I acknowledge that all risks cannot be prevented and could result in my bodily injury, up to and including death, and agree to assume those risks beyond the control of University of Missouri faculty and staff. I agree that it is my responsibility to understand and follow the Child Development Laboratory (CDL's) policies and procedures designed to identify and control risks, including safety and security procedures and bloodborne pathogen policies, and to obtain any immunizations which the practicum site may recommend or require, and the University of Missouri require. I represent that I am otherwise capable, with or without accommodation, to participate in this in-person, practical learning experience.

_____ Should I require emergency medical treatment as a result of accident or illness arising during the internship, I consent to such treatment. I acknowledge that the University of Missouri does not provide health and accident insurance for internship participants and I agree to be financially responsible for any medical bills incurred as a result of emergency or other medical treatments. I will notify my Instructor if I have medical conditions about which emergency personnel should be informed.

_____ I certify that I understand and will follow safe practices as set forth by our state and federal government, UM Administration, MU-HDFS, and my Placement Site, including MU's policies regarding compliance with completing a required daily temperature and symptom self-check #CampusClear, and notifying the MU Student Health Center and my site supervisor (within four hours of receiving positive test results) in the event that I receive a positive COVID-19 diagnosis.

_____ I acknowledge that participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and in full knowledge of the inherent risks.

_____ I have fully informed myself of the contents of this affirmation by reading it before I signed it. I am of lawful age and legally competent to sign this affirmation and acknowledgement of risk.

_____ I hereby consent to any publicity, including the use of my name and likeness, in connection with my participation in HDFS _____.

I, _____
(print name)

have executed this affirmation and acknowledgement on this date: _____.

Signature