

**Regis College**  
**Clinical, Fieldwork Education, and Internship**  
**Acknowledgment and Assumption of Risk**

1. I understand that my Regis College academic program includes a Clinical or Fieldwork Education component or Internship that provides hands-on, practical training (“Placement”). I further understand that Placement sites may include, but are not limited to, hospitals, healthcare facilities, mental health facilities, community services agencies, schools, or other businesses/organizations.
2. I understand that it is my responsibility to read and comply with any and all handbooks, manuals, or instructions Regis and/or my academic program provide related to my Placement.
3. I understand that my Placement may place me in close proximity with members of the public, patients, or clients for extended periods of time. If engaged in a Placement where I will be providing/assisting with healthcare, I understand that I will make physical contact with patients who are experiencing illness for extended periods of time. If engaged in a Placement where I will be providing/assisting with healthcare or mental health/behavioral interventions, I understand that I may be exposed to unpredictable or violent behavior of clients.
4. I understand that my participation in a Placement, including transporting myself to a Placement site, will expose me to risks of illness, injury, or death which cannot be completely eliminated. I AGREE TO ASSUME ALL RISKS ASSOCIATED WITH MY PLACEMENT INCLUDING, BUT NOT LIMITED TO ILLNESS, INJURY, DEATH, CONTACT WITH, INFECTION BY, OR TRANSMISSION OF COVID-19, LOSS OF OR DAMAGE TO PERSONAL PROPERTY, OR FINANCIAL LOSS.
5. I understand that I am responsible for transporting myself to my Placement. If using public transportation, I understand that doing so will place me in close proximity with others and may expose me to risks of illness.
6. I understand that Regis does not manage or control any Placement site or any of its policies, procedures or rules. I also understand that Regis does not provide Personal Protective Equipment (“PPE”) for participation in my Placement. This section does not apply to the Regis College Autism Center or the Regis College Dental Center, both of which are managed by Regis College. Students engaged in Placements at these two sites must consult the relevant academic program handbook for further information about PPE.
7. I understand that I am responsible for complying with any and all directions, policies, and procedures of my Placement site as well as directives from local, state, and/or federal government authorities.
8. I understand that I am generally responsible for using PPE at the direction of my Placement site (where applicable), maintaining a distance of at least six (6) feet from other individuals wherever possible, washing my hands regularly, and for staying home from my Placement site if I am feeling ill.

9. I understand that it is my responsibility to monitor my own health. I understand that if I develop any of the following symptoms it is my responsibility to consult with my personal healthcare provider and to inform Regis College Community Health Services (781-768-7290, [health.services@regiscollege.edu](mailto:health.services@regiscollege.edu)): fever, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.
10. I understand that I may be required to submit to testing and/or screening for the 2019 Novel Coronavirus (“COVID-19”) in order to participate in my Placement, to participate in a Regis academic program, to be present on Regis premises, and/or to participate in Regis activities or events. I understand that I may not be able to complete my academic requirements or take part in Regis activities or events if I do not complete COVID-19 testing and/or screening. I understand that I may be responsible for the costs of COVID-19 testing and/or screening.
11. I understand that my health information, including results of COVID-19 testing, may need to be disclosed on a limited need-to-know basis in order to protect the health and safety of the larger Regis community. I hereby consent to such disclosures.
12. I understand that Regis, the Placement site, or governmental authorities may cancel my Placement at any time due to health or safety concerns or for any other reason.
13. Should I require emergency medical treatment as a result of accident or illness arising during my Placement, I consent to such treatment. I understand that I am financially responsible for any and all medical bills incurred as a result of any emergency or other medical treatments arising out of my Placement.
14. I understand that if I choose not to participate in my Placement, it may negatively impact my ability to progress forward in my academic program. If I choose not to participate in my Placement, I understand that I must contact my academic advisor, department chair, program director, or the Director of Internships and Career Development.
15. I represent that I am able, with or without accommodation, to participate in my Placement. I understand that, if I have any question as to whether a physical or medical condition would prevent my full participation in my Placement, I should discuss with my personal healthcare provider, the relevant academic program department chair or program director, Regis College Community Health Services, and the Regis Office of Student Accessibility Services.

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Student Name

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Academic Program

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Student Signature

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Date