**ACKNOWLEDGEMENT, WAIVER, AND RELEASE**

**FOR CERTAIN ACTIVITIES**

I, , am a student enrolled at Fort Hays State University (FHSU). Despite continued community spread of COVID-19 and ongoing risks presented by the COVID-19 pandemic, I wish to participate in an internship, fellowship, volunteer service, apprenticeship, clinical, lab, practicum, preceptorship, or similar site placement and/or hands on learning opportunity (“Activity”) associated with FHSU. I acknowledge that this Activity is a voluntary undertaking on my part, and I acknowledge and assume all risk in undertaking the Activity.

This Activity, further described as \_internship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is scheduled to commence on \_\_\_\_\_\_\_\_\_\_\_, and scheduled to end on .

I acknowledge that FHSU has implemented various health and safety policies and protocols relating to the COVID-19 pandemic, and I agree to comply with these policies and protocols during the course of the Activity. I also agree that I am personally responsible for consulting and complying with any other public health guidance, and any other health and safety guidelines that may apply to the Activity.

I recognize that the Activity, especially during this time of COVID-19 pandemic, carries with it certain circumstances over which FHSU has no control. I further recognize and acknowledge that as a state agency, FHSU does not maintain insurance for the purpose of providing coverage for injuries or illness befalling students participating in such activities. To the fullest extent permitted by law, I agree to waive any and all claim, legal or otherwise, now and in the future, against the State of Kansas, Fort Hays State University, the Kansas Board of Regents, or their agents and employees, for injuries, illnesses, or damages which may result from participation in the Activity.

I further acknowledge that this waiver and release has been entered into knowingly and voluntarily and that my signature hereon has not been obtained under duress or by coercion.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print) Student Identification No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (if individual is minor) Date

Signature of Parent/Guardian (if individual is a minor)