



Cal State San Marcos
INFORMED CONSENT
Identified Risks of Participation
KINE 495 Internship in Kinesiology

Name of Supervising Faculty: _____

Community Organization & Site Supervisor: _____

This is an Informed Consent, which identifies risks of participating in an academic activity. This form is **only** to be used for **required academic activities**. The faculty member is to add any other specific risks associated with this activity that he/she are aware of. Please contact Risk Management & Safety for assistance in identifying risks.

I agree to act in a responsible manner while representing California State University San Marcos at the service-learning placement site and abide by all rules and regulations that govern the site in which I have been placed.

I understand the connection between the service learning course, and the service and learning objectives to be fulfilled at the service site.

I have participated in orientation and have read the accompanying stated Guidelines and Limitations form and understand my role as a service learning student in working with the community partner.

I understand and acknowledge the following risks involved with this service placement and enter into this service-learning placement fully informed and aware.

This list of potential risks related to this activity/event is intended to assist participants in evaluating the risk of participation and your assumption of those risks through voluntary participation and agreement to the academic requirements of your field of study. Additional risks, foreseen and unforeseeable, common and uncommon, may also exist and are also assumed through participation in this activity.

I understand that injury and illness, up to and including death, may result from my participation in this activity. Additionally, property damage or loss may occur for which I may be held liable due to my negligence or willful misconduct. Other potential risks include:

- ☞ Injury and illness from tripping, falls, falling objects, fire and explosions, dust, insects, allergies, fungus, material, viral diseases, and infection.
- ☞ Injury and illness from the hands of another, from equipment and machinery, and from vehicles and other transportation, fumes, and noise.
- ☞ Injury and illness from my failure to follow the direction of a representative from the community organization, or their designee, or any person with the authority to direct your activities while participating in this activity.

I understand that the University does not maintain accident medical coverage and that any accident or incident in which I am involved during this activity is to be reported immediately to the University Police at (760) 750-4567. Furthermore, I understand that the University is not responsible for loss or any damage to my personal property. **In case of serious injury or illness, call the local EMERGENCY 911 for immediate assistance.**

I understand and acknowledge that my selection of this community organization is voluntary and I have done so knowing that the University has not fully assessed the risks associated with my community organization site selection.

I, _____, a student of Cal State San Marcos, have received and reviewed the above information regarding risks of participation in the identified activity(ies).

Print Name	Signature	Date
Emergency Contact	Telephone Number	Relationship
Faculty Supervisor (Print)	Signature	Date



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I understand that the selected community organization or company is not part of the University's data base of reviewed organizations. A site visit or other type of assessment has not been completed by the University.

Print Name Signature Date

Faculty Supervisor (Print) Signature Date