

**ASSUMPTION OF RISK AND RELEASE AGREEMENT**  
**Student Professional Field Experience**

*Please type or print clearly:*

Name: \_\_\_\_\_

Banner ID: \_\_\_\_\_

Entities [*name of companies or organizations providing the professional field experience*]: Varies \_\_\_\_\_

Department [the department at Xavier]: Nursing \_\_\_\_\_

Academic Year: 20 26 -20 27 \_\_\_\_\_

Location(s) [*off-campus locations of the professional field experience*]: Varies \_\_\_\_\_

Date(s) of Experience: Varies \_\_\_\_\_

- I. **Participation Acknowledgement.** I am participating in the professional field experience with the Entities as part of my educational experience in the Department at Xavier during the Academic Year listed above (the “Experience”). I acknowledge that the last page of this Agreement lists the classes that include professional field experiences. I assert that I am enrolled in one or more of the classes listed for this Department, and I understand that Experiences in those classes will be covered by this Agreement. I understand that these Experiences will be conducted at the various off-campus Locations listed above. I understand that these Experiences may include but are not limited to the following kinds and types of Experiences: assessments, classroom observations, clinical work, internships, interventions, labs, modules, practicums, research, role transitions, and service learning.
- II. **The Location(s).** I understand that unstable or unexpected conditions in the Location(s) may require changes in the planned Experience or might cause inconvenience or harm to me. I further understand that Xavier University (“Xavier”) does not own, operate, or control the Location(s). I recognize that certain aspects of the cultural climate of the Location(s) may be materially different from that of my own culture or that of the Xavier Community. I further recognize that any experiences or other activities in the Location(s) may be very different than exist in the Xavier Community.
- III. **Assumption of Risks.** I realize that there may be inherent risks to my health or wellbeing as a result of my participation in this Experience, which Xavier cannot anticipate, change or improve. Such risks include but are not limited to any risk inherent in this type of Experience, inexperience, or unfamiliarity with this type of Experience or its requirements, unfamiliarity with the Location(s), travel to, from and around the Location(s), unfamiliarity with laws, culture or customs, unfamiliarity with work environment conditions or requirements, riot, violence, terrorism, exposure to sickness or disease including the novel coronavirus COVID-19, allergic reaction, contaminated food or water, unfamiliar climate, complications from weather conditions, inadequate or unavailable healthcare facilities or assistance, inadequate, faulty, inappropriate or lack of training or instruction, inadequate, faulty, inappropriate or lack of equipment, accident, or mistake. I recognize that these risks may result in inconvenience, loss, injury, or damage to me, including personal injury, up to and including my death, or damage or loss of my personal property.
- IV. **Rules, Procedures, and Requirements.** By signing this Assumption of Risk and Release (the “Agreement”), I understand that through my participation in this Experience, I will represent Xavier to the people and community with whom I am working. I promise to abide by all rules, procedures, and requirements while participating in this Experience, including rules and procedures set forth in the Student Handbook or Faculty Handbook, available online at [www.xavier.edu/policy](http://www.xavier.edu/policy), and all other Xavier policies and procedures, including the Harassment Code. I understand that the Student Handbook, Faculty Handbook, and all other Xavier procedures continue to apply even if I am participating in an off-campus Experience I further promise to exercise common sense and good judgment, and to conduct myself at all times in a manner that is appropriate to this Experience. I promise to abide by the participating Xavier faculty member or employee’s discretion regarding any particular interpretation of any of these terms and promises, and I promise to follow the participating Xavier faculty member or employee’s directions at all times (if applicable). I understand that by breaking any of these promises, or for any other

reason deemed appropriate by Xavier or its representatives, that my participation in this Experience may be immediately terminated and/or I may forfeit some or all of the academic credit, payment, or other compensation to be earned as a result of my participation, if any.

V. **Emergency Medical Care.** I recognize that occasionally an individual participating in this type of Experience may face a health emergency requiring local hospitalization or emergency treatment. As a result, I authorize Xavier, through its representatives, to secure emergency medical care, hospitalization, surgical treatment, or dental treatment for me during my participation in this Experience. However, I understand that Xavier is under no duty to secure such care or assist me in any other way in the event of such a health emergency. I further understand that Xavier is in no way responsible for any costs or other damages arising from my participation in this Experience, or resulting from any assistance provided or not provided under this paragraph.

VI. **Emergency Contact Information.** In the event of a health emergency, I authorize Xavier, through its representatives, to contact the person(s) designated below.

*First Emergency Contact:*

*Second Emergency Contact:*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

VII. **Health History.** I certify that I have accurately provided my health history information below.

I have the following health problems, drug allergies and/or reactions that Xavier needs to be aware of in the event of an emergency [write “none” if not applicable]:

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

VIII. **Medical Insurance Coverage.** By signing this Agreement, I acknowledge that I have the medical insurance coverage as may be required by the particular Experiences, or that I am not covered by medical insurance because the Experiences do not require such coverage. I acknowledge that Xavier University is not responsible for any costs associated with any emergency health treatment, and that this applies regardless of whether I do or do not have medical insurance coverage. I further acknowledge that Xavier University is not required to pay for any evacuation, reunion, or repatriation of remains costs that arise out of my participation in the Experiences.

IX. **Student Professional Liability Insurance.** I acknowledge that Xavier carries student professional liability insurance that may provide some coverage to me as I participate in these Experiences.

X. **FERPA Release.** I acknowledge that I have certain privacy rights as a Xavier student under the Family Educational Rights and Privacy Act found at 20 U.S.C. § 1232g (“FERPA”). In accordance with FERPA, by signing below, I consent to the release of my education records maintained by Xavier to the Entities, which are necessary for or relevant to my participation in this Experience, in Xavier’s sole discretion. Additionally, I give my consent for Xavier to discuss these education records and matters related thereto with the Entities.

XI. **Waiver of Liability.** I understand and agree that Xavier does not assume responsibility or liability for and has not made, does not make, and cannot make any representations whatsoever regarding my personal health and safety or that of my property while participating in this Experience. I release Xavier from all claims, including negligence, that may arise from

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my participation in this Experience, whether foreseen or unforeseen, known or unknown, and I assume full responsibility for any injuries, damages, or losses that may arise out of my participation in this Experience, up to and including my death.

**XII. Acknowledgment.** In consideration of Xavier’s financial or other support of this Experience, and because I am voluntarily participating in this Experience, I acknowledge and agree that I assume all risks associated with participating in this Experience and agree to the terms set out in this Agreement. I understand that I may discontinue my participation at any time.

In this Agreement, “Xavier University” means Xavier University, all past and present directors, trustees, officers, employees, agents, insurers, attorneys, and any other party associated with Xavier University, including but not limited to any Xavier University faculty members or employees that were involved in the planning of, making arrangements for or conducting of this Experience. This Agreement shall be construed in accordance with the laws of the State of Ohio. Should any portion of this Agreement be held invalid, the remaining portion shall not be affected and shall continue to be valid and enforceable. I acknowledge that this Agreement shall bind me as well as my family members, heirs, executors, administrators, personal representatives, dependents, successors and assigns.

**I acknowledge that I have read the instructions for completing this Agreement. I certify that I have read and understand this Agreement, and I freely sign it, acknowledging the significance and consequences of doing so. I also acknowledge that I have had all my questions answered to my satisfaction regarding this Experience and this Agreement.**

By signing below, I assert that I am at least 18 years of age. If I am not yet 18 years of age, I understand that my parent or legal guardian must also sign below before I may participate in this Experience.

I am 18 years of age or older.

I am not 18 years of age or older.

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Banner ID

<b>If under 18, parent or guardian MUST complete this section:</b>	
Printed Name:	_____
Signature:	_____
Date:	_____
Relationship:	_____
Address:	_____
Phone Number:	_____
E-mail:	_____

NURSING DEPARTMENT 2026-2027 Academic Year

<b>NURSING</b>			
<b>No.</b>	<b>Course Title</b>	<b>No.</b>	<b>Course Title</b>
NURS 227	Nursing Communication & Assessment Practicum	NURS 703	Graduate Nursing Practicum I
NURS 229	Nursing Communication & Assessment Practicum	NURS 705	Graduate Nursing Practicum II
NURS 233	Nursing Fundamentals Practicum	NURS 741	Adult and Gerontology Primary Care Practicum 1
NURS 235	Nursing Fundamentals Practicum	NURS 743	Adult and Gerontology Primary Care Practicum 2
NURS 337	Community/Public Health Nursing Practicum	NURS 745	Adult and Gerontology Primary Care Practicum 3
NURS 357	Adults in Transition 1 Practicum	NURS 747	Adult and Gerontology Primary Care Practicum 4
NURS 359	Adults in Transitions 2 Practicum	NURS 753	Community Nurs/Public Health Policy Practicum
NURS 363	Adult in Transitions Practicum I	NURS 771	Woman's Health & Family Care Practicum
NURS 367	Adult in Transitions Practicum II	NURS 773	Pediatric & Adolescent Health Care Practicum
NURS 381	Health Transitions in Child/Family Practicum	NURS 775	Adult and Geriatric Family Care Practicum
NURS 383	Childbearing Health Transitions Practicum	NURS 783	PMHNP Clinical Practicum I
NURS 387	Childbearing Health Transitions Practicum	NURS 785	PMHNP Clinical Practicum II
NURS 389	Health Transitions in Children & Family Practicum	NURS 787	FNP in Practice Practicum I
NURS 451	Mental Health Nursing Practicum	NURS 789	FNP in Practice Practicum II
NURS 455	Mental Health Nursing Practicum	NURS 791	PMHNP Clinical Practicum V
NURS 471	Community Health Nursing Practicum	NURS 793	PMHNP Clinical Practicum III
NURS 473	Care of Complex Client Practicum	NURS 795	PMHNP Clinical Practicum IV
NURS 475	Care of the Complex Client Practicum	NURS 857	Leadership Practicum & Scholarly Project
NURS 553	Art & Science of Nursing Practicum	NURS 903	Leadership in Complex Systems
NURS 563	Art & Science of Family Nursing Practicum	NURS 905	Health Care Finance & Econ for Nurse Leaders
NURS 565	Art & Science of Adult Nursing Practicum	NURS 907	Eval & Analysis of Outcomes in Health Care
NURS 651	Art & Science of Advanced Nursing Practicum	NURS 921	DNP Project & Immersion
NURS 653	Art & Science of Psychiatric Nursing Practicum		

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