

**LIBERTY UNIVERSITY – ATHLETIC TRAINING PROGRAM (MSAT)**  
**ATS Clinical Integrations Risk Acknowledgement Form – REQUIRED**

**Liberty University, Inc.**

**Health Care Related Professions Clinical Integrations Risk Acknowledgement Form**

By signing, I acknowledge my personal responsibility to maintain my health, safety, and wellbeing during assigned Non-Immersive and/or Immersive Clinical Integrations Educational Experiences. I understand that my participation may include inherently dangerous activities that expose me to certain damages and risks, including but not limited to all risks associated serious illnesses/infections/diseases (such as contracting the COVID-19 virus), accidents, hospitalizations, or death.

I also understand that these illnesses/infections/disease risks are elevated for individuals with underlying medical conditions such as diabetes, hypertension, lung disease and heart disease. I understand that if I become ill or symptomatic or there are additional advisories or other external restrictions on my participation in assigned Non-Immersive and/or Immersive Clinical Integrations Educational Experiences, I may be removed from the site immediately.

I acknowledge that due to the nature of infectious diseases/illnesses/conditions and their presence in society, no physical environment is free of the risk of transmission. The rules and guidelines identified above can mitigate, but cannot eliminate, this risk while engaged in in-person contact during assigned Non-Immersive and/or Immersive Clinical Integrations Educational Experiences.

I understand the risks associated with contracting infectious diseases/illnesses/conditions and accept the responsibility to conduct myself in accordance with prevailing applicable advice and directives to prevent transmission.

- I have reviewed the Liberty University, Inc. webpage containing the infectious diseases/illnesses/conditions Policy and Procedures, including but not limited to information available from the [Centers for Disease Control](#) (CDC).
- I have talked with my clinical preceptor(s)/clinical coordinator(s) about the risks of contracting infectious diseases/illnesses/conditions and the precautionary measures in place at assigned Non-Immersive and/or Immersive clinical integrations sites.
- I will abide by CDC, LU, and Non-Immersive and Immersive Clinical Integrations Educational Experiences site guidelines including the use of adequate personal protective equipment (PPE) and Blood & Airborne Pathogens exposures while at assigned Non-Immersive and Immersive Clinical Integrations Educational Experiences sites and LAB training on campus.
- If the event of an emergency, I will abide by the Emergency Action Plan (EAP) at my assigned Non-Immersive and Immersive Clinical Integrations Educational Experiences site.

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- I understand that the guidance from the CDC, Liberty University, Inc., and the assigned Non-Immersive and Immersive Clinical Integrations Educational Experiences site may change.
- **I understand the risk of working around persons who have tested positive or presumed positive for infectious diseases/illnesses/conditions and I am willing to participate in a scenario that will place me around persons who have tested positive or are presumed positive for infectious diseases/illnesses/conditions.**

**Risks Associated with Travel.**

I acknowledge that participation will require that I travel to on and off-campus locations. Traveling has inherent risks. Specific risks involved with traveling include, but may not be limited to: getting lost or separated from the group or supervisors, contraction of communicable diseases, accidents, collisions with other vehicles or objects, whiplash, fires, explosions, defects in the vehicle or its equipment, blown out tires, derailments, overturning, breakdowns, running out of fuel, delays and being stranded, hazardous weather conditions, natural disasters, political unrest, kidnapping, criminal activity, terrorist activity, and conditions of locations not under the control of Liberty.

The results of these and other inherent risks may include but are not limited to: damage or loss of property; serious temporary or permanent bodily injury to myself, which may include serious neck and spinal injuries, complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, serious injury to joints, serious injury to ligaments, serious injury to muscles, serious injury to tendons, serious injury to other aspects of my musculoskeletal system, concussions, sprains, in-flight sickness, skin lacerations, puncture wounds, and other serious injury or impairment to other aspects of my body that may affect my general health and well-being; and even death.

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**LU ATP Athletic Training Student – Acknowledgement:**

By my signature and continued participation in clinical training, I acknowledge the following: I have read the terms of this Health Care Related Professions Non-Immersive and Immersive Clinical Integrations Educational Experiences Risk Acknowledgment Form, including the referenced guidance, and acknowledge training in clinical or practical settings may include risks, such as associated serious illnesses/infections/diseases (such as contracting the COVID-19 virus), accidents, hospitalizations, or death.

Having read the above statements regarding the risks involved with the clinical and practical training, I voluntarily and willfully choose to take part in the Non-Immersive and Immersive Clinical Integrations Educational Experiences and assume the risks attendant to my participation in my internship experience/clinical practicum at this time and hereby accept the risks as outlined by the CDC, Liberty University, Inc., and the clinical integrations site.

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I am responsible for my own actions, and my failure to abide by all requirements listed above may result in my temporary or permanent removal from an assigned Non-Immersive and Immersive Clinical Integrations Educational Experiences.

If I have any questions or concerns about these requirements or my ability to comply with them, I will communicate directly with my academic program before returning to assigned Non-Immersive and Immersive Clinical Integrations Educational Experiences.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/20\_\_

**(Printed FULL Legal Name):** \_\_\_\_\_

**Witness' Signature:** Providing my Legal Signature below confirms that I certify that I have witnessed the legal signature, on the date provided above, by the LU ATP Athletic Training Student.

**Legal Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/20\_\_

**(Printed FULL Legal Name):** \_\_\_\_\_