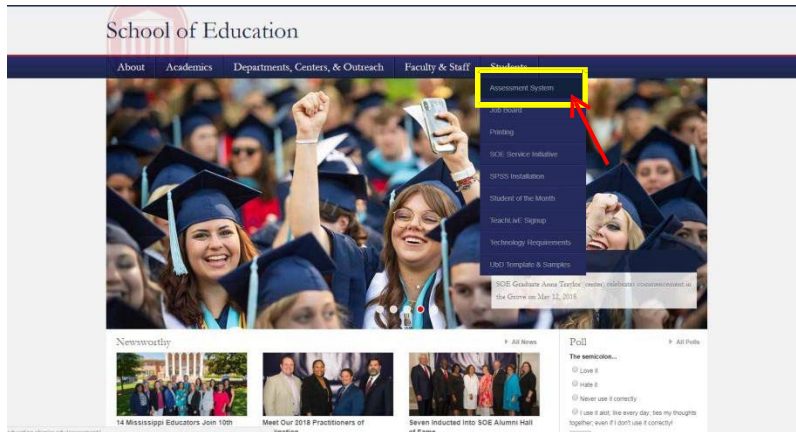


Submitting the Internship Practicum Assumption of Risk Waiver

All senior teacher education candidates will need to submit the **Internship Practicum Assumption of Risk Waiver** in the SOE Assessment System prior to beginning their senior practicum or student teaching field placements this semester.

Follow the steps below to successfully submit the Internship Practicum Assumption of Risk Waiver:



Access the SOE Assessment System.
<http://education.olemiss.edu/assessment/home.php>

You can also access the Assessment System from the “Student” tab on the School of Education home page.



To submit the Internship Practicum Assumption of Risk Waiver after logging into the Assessment System, click the blue rectangle icon to open the navigation menu.

First, click “Personal” in the navigation menu.

Next, click “View Overview” from the drop-down menu.



The “Student Information Overview Page” will open.

Scroll down the Overview page to the heading “Submit Assessment Instrument.” Click the yellow button “Submit Assessment Instruments.”

Standard Instruments

Internship Practicum Assumption of Risk Waiver

Submit

Submit Internship Practicum Assumption of Risk Waiver Instrument

Submission

There has been no submissions for this instrument thus far.

Submit New Instrument Submission

Assessment Instrument

Internship Practicum Assumption of Risk Waiver

Evaluation By: / Ed. Undergraduate Student)
Evaluation For: Mo mentary Ed. Undergraduate Student

Instructions

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY BEFORE YOU SIGN IT. IT AFFECTS YOUR LEGAL RIGHTS.

I agree to act in a responsible and safe manner when I participate in my senior practicum and student teaching field experiences. I acknowledge and agree that during my internship/practicum, I must continue to comply with the University's student conduct policies, including policies on academic integrity. I understand that the University could impose sanctions for my non-compliance, including suspension or expulsion.

I acknowledge and agree that the University has no control over the employees, operations, or premises of the sponsoring organization where my internship/practicum will occur, and that I will be under the supervision of a representative of that organization. I understand that my participation in my internship/practicum is voluntary, and I may be exposed to risks and hazards that could result in serious illness, bodily injury, disability, or death. Those risks and hazards may include, but are not limited to: (i) vehicular, pedestrian, or other accidents; (ii) storms, floods, fires, earthquakes, and other natural disasters; (iii) infectious diseases or viruses, including but not limited to COVID-19; (iv) limited or inadequate medical care; (v) inadequate design, safety, and maintenance of buildings and public places; (vi) terrorist activities; and (vii) allergic reactions to food, insects, or other allergens. I acknowledge and agree that the University of Mississippi (including its faculty, employees, and representatives) and the Board of Trustees for State Institutions of Higher Learning (collectively "UM") cannot forecast or foresee all potential risks.

I knowingly and voluntarily assume all risks associated with my participation in my internship/practicum, including any related travel to and from any internship/practicum destination, events, or activities. In consideration for me being allowed to participate in the internship/practicum, I knowingly and voluntarily waive and release UM from all present and future claims of any type for any harm or loss, including economic loss, personal injury, death, or property damage suffered by me and arising out of my internship/practicum. I agree to indemnify, hold harmless, and covenant not to sue UM for any damages, personal injury, death, medical expenses, disability, lost wages, loss of capacity, property damage, court costs, attorney's fees, or any other loss of any kind arising out of my internship/practicum. I acknowledge and agree that: (i) this ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY is intended to be as broad and inclusive as authorized under law; and (2) if any part of this ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY is deemed by a court to be invalid, the remaining provisions will continue in full force and effect.

I acknowledge that I will or have consulted with a physician regarding my health or medical needs; if any, I am aware of no health condition that precludes or restricts my travel and/or participation in my internship/practicum. I understand that UM will not arrange for physicians or medical care at the site of my internship/practicum, does not provide medical or professional liability insurance for me, and has advised me to obtain such insurance at my expense. If the circumstance presents, I authorize UM to seek emergency medical, rescue, or evacuation services for me should I become injured, ill, or incapacitated and lack the ability to make such decisions for myself. I understand

that I am financially responsible for any medical or other expenses incurred because of my illness, injury, or incapacitation. I agree to reimburse UM for any such expenses incurred on my behalf. I further agree to release, hold harmless, and covenant not to sue UM for any damages, injury, loss, expenses, disability, or death arising out of any emergency medical, rescue, or evacuation services that I receive.

I understand that UM will not provide me transportation in connection with my internship/practicum. I acknowledge and agree that I am expected to obtain automobile insurance at my own expense, to the extent that such becomes necessary.

Internship Practicum Assumption of Risk Waiver

I certify that I am at least eighteen (18) years old. I have read and understand this ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY and agree to its terms. I further understand that this ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY shall be legally binding upon me, my family, estate, representatives, heirs or assigns.

Yes

Save Changes

The "Submit Assessment Instruments" page will open.

In the "Standard Instruments" box the Internship Practicum Assumption of Risk Waiver will be listed. Click submit on the right side of the box.

Then, a "Submissions" box will appear.

Click the yellow "Submit New Instrument Submission" box.

The Internship Practicum Assumption of Risk Waiver instrument will open.

Read the waiver in its entirety. It affects your legal rights.

To submit the instrument, scroll down, read the statement certifying that you have read the waiver, and select "yes" from the drop-down menu, agreeing to the terms of the waiver.

You must then click "Save Changes" to submit the instrument.

Email assess@olemiss.edu with any questions or issues.