

Assumption of Risk

Field experiences (practicums, supervised practice, internships, etc.) are a required component of Western Kentucky University's Film program. These experiences allow students to practice skills and techniques learned in lab courses as well as develop critical thinking skills that are critical for film industry professionals. Field experiences occur in locations all around the Bowling Green and WKU communities including, but not limited to: residences, restaurants, schools, churches, parks, and WKU lab areas. The inability to work on location guts many production-based courses and may delay the completion of the student's degree.

Locations selected for students' field experiences are required to take reasonable and appropriate measures to protect students' health and safety. In addition, faculty may develop course specific policies and procedures relating to student safety and prevention of exposure to disease, which will be in your syllabus or other program materials. Students will be expected to follow both the university requirements and individual site requirements to decrease their risk of illness and/or injury while on location.

Due to the nature of the current pandemic, students will be expected to wear PPE at all times, in accordance with WKU Film's COVID policy, while on location, and also while in classrooms, labs, hallways, bathrooms and other spaces where social distancing is not possible. These expectations will be in place for the duration of the pandemic.

Students will receive training related to potential hazards and prevention techniques. This training at a minimum will include reviewing the video links below, and may include additional program specific training.

Students have the responsibility to report any infectious disease exposures (either from the field setting or from the general community setting) to a WKU Film faculty member.

However, even with such measures, there are risks inherent to field experiences. Potential risks of completing field experiences include, but are not limited to:

- Exposure to infectious diseases through droplet or air-borne transmission
- Environmental hazards, including slippery floors and electrical hazards
- Physical injuries, including back injuries

These risks can lead to serious complications, trauma, bodily injury or death.

SPECIAL NOTICE REGARDING COVID-19

COVID-19, the disease caused by the novel coronavirus, is a highly contagious disease that causes symptoms that can range from mild (or no) symptoms to severe illness. There is the potential for exposure from persons who are unaware that they are infectious, including other students.

COVID-19 can cause severe and lasting health complications, including death.

Everyone is at risk of COVID-19. There is currently no vaccine to prevent COVID-19. Although anyone who contracts COVID-19 may experience severe complications, the Centers for Disease and Prevention (CDC) has found that individuals with certain underlying health conditions are at higher risk of developing severe complications from COVID-19. These medical conditions include: chronic lung disease, asthma, conditions that cause a person to be immunocompromised, obesity, diabetes, chronic kidney disease and liver disease. COVID-19 is believed to spread primarily by coming into close contact with a person who has COVID-19 and may also spread by touching a surface or object that has the virus on it, and then touching one's mouth, nose or eyes. Participating in field experiences, even when wearing recommended PPE, may increase the risk of contracting COVID-19.

Additional Information about COVID-19 and protecting yourself:

- <https://www.youtube.com/watch?v=V9p10jSLd9s>
- <https://www.youtube.com/watch?v=TjcoN9Aek24>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#adhere>

Please initial each statement and sign below.

_____ I am at least 18 years of age.

_____ I understand that I may be at increased risk of exposure to infectious disease, including COVID-19, during classes, lab experiences, and field experiences.

_____ I have accessed and reviewed the above linked resource information.

_____ I understand and agree to use appropriate hand hygiene, social distancing and PPE to decrease my risk of exposure to infectious disease during my learning experiences.

_____ I understand that I will be asked to leave the class, lab, or field setting if I am unable or unprepared to use appropriate PPE to decrease my risk of exposure to infectious disease during my learning experiences.

_____ If I become ill or if I am made aware that I have been exposed to an infectious disease, I agree to self-quarantine and contact my course faculty member/s using distance methods.

_____ I accept the potential increased risk of contracting infectious disease, including COVID-19, if I choose to participate in this academic program which includes field experiences.

_____ My participation in a field experience program is entirely voluntarily and I have carefully considered the attendant risks of such participation, up to and including illness or death.

_____ I agree to indemnify and hold harmless Western Kentucky University and the field site to which I am assigned of any exposure, illness, disability, or sequela if an illness or injury occurs.

_____ I understand that I, myself, am responsible for any and all costs and financial obligations associated with exposure, testing, and treatment for COVID-19 or any other infectious disease during a field experience associated with my degree program.

_____ I understand that I have the right to determine that the risks of participating in field experiences at this time is unacceptable to me, personally.

_____ I understand that I have the right to withdraw from field experiences and take a leave of absence.

My signature below indicates my understanding of all of the above as well as my intent to voluntarily continue in my degree program with participation in field experiences as required.

Student Signature

Date

Student (print name)

If you do not agree to all of the above:

Please initial the statement below.

____ I understand that I have the right to withdraw from field experiences and take a leave of absence.

My signature below indicates my intent not to continue my participation in field experiences at this time.

Student Signature

Date

Student (print name)