

## **STUDENT FIELD EXPERIENCE WAIVER**

*READ THIS DOCUMENT CAREFULLY.  
UNDERSTAND THE CONTENTS BEFORE INDICATING YOUR ACCEPTANCE.*

For the purpose of this document, *field experience* refers to the culminating clinical practice that is required to complete a UCA College of Education course as specified in the respective course syllabi.

### **I. Overview**

I understand and acknowledge that the University of Central Arkansas (UCA) does not control the way in which the field experience site is structured or operates. In granting academic credit for this experience, UCA affirms that the experience is an appropriate curricular option for UCA students and worthy of credit. UCA makes no other assurance, express or implied, about any travel and/or living arrangements the student has made. UCA does not knowingly approve field experience opportunities that pose undue risks to participants. However, any field experience or travel carries with it potential hazards that are beyond the control of UCA and its agents or employees, and I assume the responsibility of any and all such risks.

### **II. My Relationship with the Sponsor**

I acknowledge that this field experience is solely for educational purposes. I also understand that I will not be an employee or paid for this experience except when employed under an Aspiring Teacher Permit or in a paid residency provided by the host district. I know the sponsor does not have to provide for field experiences, but is doing so voluntarily with UCA in order to provide additional educational opportunities for students. I am undertaking this experience for educational purposes; primarily for my own benefit and to further my knowledge; not to displace any workers of the sponsor or provide the sponsor with an immediate advantage; and not with the expectation that I will receive an offer of employment from the sponsor. I also know that I will not be eligible for unemployment compensation upon the completion of this field experience. I know that UCA prohibits discrimination on the basis of gender, race, color, age, national origin, religion, or disability, and UCA requires the sponsor to affirm that the Sponsor also prohibits any and all discrimination.

### **III. My Personal Conduct**

I understand and agree to abide by all rules and professional standards of the sponsor site as well as the rules and guidelines established by the University. I further understand that it is important to the success of the present field experience and the continuance of future field experiences that candidates observe standards of conduct that would not compromise UCA in the eyes of the individuals and organizations with which it has dealings. I acknowledge that I have received, will review, and follow all relevant provisions of the UCA Field Experience Handbook(s) including the Arkansas Code of Ethics for Arkansas Educators governing such off-campus professional conduct, and I acknowledge having received copies of any such written policies, and having been made aware of any other policies. I agree that should the persons at UCA responsible for this program decide that I must be terminated, or other actions taken, because of conduct that might bring the program into disrepute, or the field experience into jeopardy, that decision will be final (subject to such review as may be required by the UCA Field Experience Handbook(s), including the Arkansas Code of Ethics for Arkansas Educators) and may result in loss of academic credit.

### **IV. Insurance Coverage**

I understand that UCA does not provide me with any type of insurance coverage. I acknowledge that I have been advised to obtain sufficient health, accident, disability, and hospitalization insurance to cover me during this field experience. I further understand that I am responsible for the costs of such insurance

and for the expenses not covered by this insurance. I understand that if I use my personal vehicle for the benefit of the organization/agency with whom I perform my field experience that UCA has no liability for personal injury or property damage, which may result from that use. I agree to rely solely on my personal vehicle insurance coverage and on any insurance coverage secured through any personal organization/agency. I also understand that UCA assumes no liability for personal injury that I may suffer in the course of this field experience.

## **V. Release**

I understand, acknowledge and agree that the field experience site and its use of any facilities shall be undertaken by me at my sole risk. For myself, and my heirs, personal representatives and any others claiming by or through me, I hereby forever waive and release and hold UCA, and its Board of Trustees, officers and employees harmless from and against any and all claims, demands, injuries, damages, actions, or causes of action, whatsoever to me or to my property arising out of or connected with the field experience and with the use of any and all services or facilities associated with this experience, whether or not sponsored by UCA. I hereby forever release, discharge, and covenant not to sue UCA, its Board of Trustees, employees, or agents as to any and all liability that may arise out of any injury or harm to me, death, or property damage resulting from my participation in this field experience.

## **VI. Miscellaneous**

I understand that UCA reserves the right to make cancellations, changes, or substitutions in cases of emergency or changed conditions or in the general interest of the field experience program.

I attest that I am over the age of 18 and may be legally employed in the United States of America.

I represent and warrant that I have disclosed all relevant, pertinent information that could affect my ability to successfully complete this field experience. If I have any questions about these matters, I know I can visit with officials of UCA and have my questions answered.

This document has been executed in Arkansas, and the laws of Arkansas shall govern its interpretation.