**Release of Liability and Hold Harmless Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have decided to participate in the University of Memphis’ Department of Social Work Field Placement Program. I hereby acknowledge that participating in field placement is entirely voluntary.

I understand that the Department of Social Work Field Placement Program involves certain risks, hazards and conditions that may be dangerous to life, limb and property and that can arise in an incalculable variety of unforeseen or foreseeable ways which may include: bodily injury, loss of limb, death or property damage. I am voluntarily participating in the field placement program with knowledge of the dangers involved. I have reached the age of majority, and I am competent to make this decision for myself, or, if I am a minor, I have obtained the permission of a parent or legal guardian.

I am not suffering from any medical condition, impairment, or disease that would prevent my safe participation in any of the activities associated with the field placement program. I have disclosed any and all of my medical conditions to the administrators of the field placement program. I will use care for my own safety and well-being. I have not been advised by a physician or any other health care provider to limit my participation in activities such as the field placement program. I assume responsibility for my participation in the field placement program and injury while participating in the field placement program.

In consideration of the right to participate in the University of Memphis Department of Social Work Field Placement Program, I agree to assume the risks involved and I acknowledge that such risks may include, but not be limited to, bodily injury and/or death and/or property damage, and hereby collectively and individually release and agree to hold harmless the University of Memphis, its Board of Regents, officers, employees, agents, representatives, volunteers and assigns (“Releasees”) from all rights, claims, demands and damages of any kind, known or unknown, existing or arising in the future resulting from or related to my participation in the field placement program. This release will also prevent my family from suing Releasees and binds my spouse, if I have one, my estate, siblings, parents, heirs, personal representatives and assigns.

The undersigned has read and understands this Release and Hold Harmless Agreement in its entirety and voluntarily signs same, without reliance on any representations, statements or inducements, express or implied, made by any party whomsoever.

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Name Signature

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