EXPERIENTIAL LEARNING AGREEMENT
ATTACHMENT B
STUDENT PARTICIPATION CONSENT AGREEMENT

This Participation Consent Agreement is for all students in George Mason University’s experiential learning program ("ELP") (i.e. internships/externships/practicums), including without limitation, students, faculty, staff, George Mason University and the agencies and individuals cooperating with the University. The student must sign this Agreement, with parental or guardian approval if the student is under the age of 18, to indicate agreement with the terms and conditions of the Agreement and permission to participate in the designated ELP.

Student Name: ___________________________________________
Student G#: ___________________________________________
College/School: ___________________________________________
Course Prefix/Number: ___________________________________________
Course Title: ___________________________________________

I understand that participation in any ELP involves some element of risk, including, without limitation, property damage or loss, personal injury, bodily injury, and death and that the University cannot guarantee my or my property's safety. By participating in an ELP I am voluntarily assuming these risks.

I understand that as a condition of my participation in the ELP, I am required to have health insurance coverage. I further understand that it is my responsibility to obtain, maintain and pay for such insurance while participating in the ELP, and any failure to do so may result in disciplinary action, including without limitation, loss of academic credit, suspension or permanent dismissal. By signing below, I am certifying that I have obtained such required insurance. In addition, regardless of my insurance coverage, I understand that I am financially responsible for any and all medical treatment related expenses that I may incur while participating in the ELP.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW.

_________________________________________  __________________________
Signature of Student                           Date

_________________________________________  __________________________
Printed Name of Student                        Semester/Academic Year

_________________________________________
Signature of Parent or Guardian
(if Student is under the age of 18)