

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, potential exposure to communicable diseases, 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 the University recommends I maintain sufficient health, accident, and hospitalization insurance for the duration of my participation in the ELP. I further understand that it is my responsibility to obtain, maintain and pay for such health insurance. By signing below, I am certifying that, regardless of my insurance coverage, I understand that I am financially responsible for any and all medical treatment related expenses that I may incur due to any injury, loss or illness I may sustain 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)