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CALIFORNIA STATE UNIVERSITY, FULLERTON  
DEPARTMENT OF COUNSELING

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**Consent Form For Participation in Counseling Practicum**

**\*Effective Fall 2020 – This form will become an on-line form**

*PLEASE READ CAREFULLY*

1. I agree to act in a responsible manner while at the Activity Site and abide by all rules and regulations governing the Activity Site.
2. I understand and acknowledge that participation in this Activity creates risks, some of which include: potentially working in a high-crime area, working at night, working in an unsupervised area, depending on the Practicum Agency's requirements.
3. I am voluntarily participating in this Activity. I understand and acknowledge that I am free to take back my consent and stop taking part at any time.
4. I am in good health and able to participate in this Activity. I voluntarily assume the risk of possible injury, death or property damage my participation in this Activity may cause. If I need emergency medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I understand and acknowledge that Cal State Fullerton does not provide health or accident insurance for students. I have been advised to carry medical and hospital insurance of my own.
5. In consideration of my participation in this Activity and the benefits I will receive from my participation, on behalf of myself, my heirs and assigns, I release and hold harmless the State of California, the California State University Trustees, Cal State Fullerton, and their officers, agents, volunteers and employees from liability and responsibility for any claims against any of them by reason of any injury to person or property, or death, in connection with my participation in this Activity.
6. I have carefully read, and I understand, the terms used in this Consent Form and their significance. I am fully competent to sign this Consent Form. No oral representations or inducements have been made to me to sign this Consent Form.

Print Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_