

TARRANT COUNTY COLLEGE DIETETIC TECHNICIAN PROGRAM
Supervised Practice
Waiver and Indemnity Agreement

Students must complete the Waiver and Indemnity Agreement form before beginning supervised practice.

I _____ verify that I understand the physical requirements for participation
Applicant
in course activities for FDNS 1164, Practicum: Food Management, FDNS 2164, Practicum:
Community and FDNS 2165, Practicum: Clinical. These physical requirements may include, but are
not limited to:

- personal transport (which may include stair climbing)
- standing, walking and/or sitting for long periods of time
- bending and stretching
- lifting heavy objects (up to 25 lbs.- 35 lbs.), carrying materials
- pushing equipment
- handling sharp equipment or utensils
- handling hot items
- vision, hearing, speech and manual dexterity appropriate for responsibilities

For and in consideration given the Applicant herein to participate in the course activities herein described, I, the undersigned Applicant (if eighteen years or older), or We, (the undersigned Applicant, if under the age of eighteen years, and the undersigned parent or guardian), hereby acknowledge that both Tarrant County College, and the facility(ies) which the Applicant is assigned, their officers, their agents, and their employees shall not in any manner be held responsible for any aspect of the FDNS 1164, FNDS 2164, and FDNS 2165, supervised practice courses offered by Tarrant County College effective _____ (date)

I, or We, agree to hold harmless both Tarrant County College, and the facility(ies) to which the Applicant is assigned, their officers, their agents and their employees from any and all responsibility arising from any injuries or damages resulting from or in connection with the participation of the undersigned Applicant in such course activities, and I, or We, further agree to Indemnify both Tarrant County College, and the facilities to which the Applicant is assigned, their officers, their agents, them, or any of them, by virtue of any of their acts or omissions related to such course activities. I, or We, understand that health care insurance coverage for the Applicant is not provided by Tarrant County College or by the Facility (ies) to which the Applicant is assigned. The undersigned Applicant further agrees to abide by all local, state and federal laws governing course activities described herein, as well as applicable facility and Tarrant County College regulations. If Applicant is under eighteen years of age, his/her parent or guardian must co-sign below:

Applicant	Date of Birth	Social Security Number
Date	Signature of Parent or Guardian	
Witness		