

**Acknowledgment of Legal Relationship
Between
Barton Community College
and
Student Program Participant**

The purpose of this document is to confirm that the student whose signature appears at the bottom of this form understands and acknowledges that while participating in a student career experience (clinical, practicum, internship, field experience, etc.) Barton Community College is not his/her employer. This is an education related activity and the provisions of the Kansas Workers' Compensation Act are NOT applicable to the student's activities while participating in the internship.

Student further acknowledges that the career experience may be physically strenuous and that Barton Community College requires personal health insurance of all students in career experiences to offset any costs or expenses the student may incur if he/she is injured during the career experience.

The undersigned student hereby acknowledges the contents of this document are understood. The student further understands that if personal medical insurance is not current at any time during the career experience, they will not be allowed to participate in clinical or lab activities and may be dismissed from the program.

Executed this _____ day of _____, 20 ____ .

Student Participant Signature

Student Participant Clearly Printed Name

Barton Program Representative

**R.H./E.S. 8/20/13
P.Q. 8/22/13**