

**Agreement Between Murray State University and Clinical Site  
Athletic Training Student**

**Student Responsibilities**

I, \_\_\_\_\_, do hereby understand, acknowledge, and agree to the following:

1. I will comply with the policies and procedures of Murray State University.
2. I will comply with the established policies and procedures of the Clinical Site under the direct supervision of a designated team physician or medical director.
3. I will provide all health records to the University and Clinical Facility as may be required by law.
4. I will maintain professional liability insurance at all times during the clinical experience at \_\_\_\_\_ with minimum limits of one million dollars (\$1,000,000.00)/three million dollars (\$3,000,000.00).
5. I understand that during my clinical experience at \_\_\_\_\_ I will receive no compensation from the Clinical Facility or Murray State University nor will I be considered an employee of either facility.
6. I further understand that should I require emergency health care while at the Clinical Facility, such will be at my own expense unless occasioned by acts or omissions of the Clinical Facility, its agents or employees; in which event such care shall be at the expense of the Clinical Site.
7. Upon request I will provide appropriate health records to both Murray State University and Clinical Site as may be required by law.

I, \_\_\_\_\_, understand the terms of this agreement between Murray State University and the Clinical Site and will comply with the policies and procedures of Murray State University and the Clinical Site.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date