



## Exercise Science

### KINS 194B /195B / 194F Field Experience/Internship Contract

#### Instructions

**Read instructions thoroughly prior to submitting contract to the department.**

California State University Executive Order 1064 requires that all internship sites must be authorized by the University. Prior to enrollment in KINS 194, a contract between the site and the university must be established. Visit the following website for a list of approved internship sites:

<http://www.csus.edu/HHS/KHS/approvedinternshipsites/index.html>

If you would like to use a site that is not on the “approved internship sites” list, you must inform the Department of Kinesiology and Health Science **16 weeks** prior to the semester you are seeking to enroll. More information may be found on the website above.

#### IMPORTANT INFORMATION

- **All sections must be completed in ink and legible.** Incomplete contracts will not be processed.
- **All contracts must be approved and signed by your designated faculty advisor which may be found in your MySacState student center.**
- All contracts are due to the department office by **Friday of the second week of the semester.** Any contract submitted after that date will not be accepted.
- **Do not begin field experience/internship until the contract has been processed by the department office and you are enrolled in the course with the appropriate unit value.**
- Field experience/internship hours must be completed the semester in which you enroll for the course. Hours from a previous semester, winter, or summer will not be applied toward the enrolled semester. You may not “bank” hours.

#### Contract Instructions (all fields must be completed and contact information must be current)

- **Section A:** Complete this section with site supervisor. Mailing address is required as well as the Site Supervisor’s signature. Unit value must be checked based on the hours you will complete.
- **Section B:** Complete and sign where indicated.
- **Section C:** A Release of Liability Form must be submitted for all off-campus sites (attached). Students must submit a completed contract with **faculty advisor’s signature** to the department office for processing and enrollment.
- Submit original contract only; **faxed, copied or emailed contracts will not be accepted.**

#### Enrollment Instructions

- If there are changes to your internship, a revised contract may be required.
- **Unit value cannot be changed after census date.**
- Incomplete grades from a prior KINS 194/195 will prevent student from enrolling in future internships. Incompletes are reviewed and considered on a case-by-case basis.
- The department office will register you for KINS 194/195. Please be sure registration holds or unit caps will not prevent KINS 194/195 from being added to your schedule. It’s the student’s responsibility to ensure accuracy of enrollment.

## Internship Guidelines

- Follow the policies and procedures of the internship site.
- Attendance is crucial. Be present and punctual on assigned days.
- You must act and dress professionally at all times.
- Each internship site is different; duties and responsibilities may vary. Be enthusiastic and willing to learn.
- Communication skills are essential. Demonstrate initiative and interest in assigned tasks.
- **Any concerns regarding your site should be reported to your faculty advisor in writing immediately.**
- **Notify your faculty advisor in writing of any contract changes immediately** (i.e., site, supervisor information, description of duties, etc.).

## Grading

KINS 194/195 Field Experience/Internships are **Credit/No Credit** (CR/NC) courses. You must complete all requirements to receive full credit.

## KINS 194/195 Course Requirements

A minimum of 1 unit must be completed per site. A maximum of 3 units can be completed per semester. All assignments must be handed into your faculty advisor by **Thursday before finals week**. You must complete the following in order to receive full credit:

### Assignments:

You will submit a **journal** and a **reflection paper** (**Please follow the detailed instructions below**) to your faculty advisor.

- **Journal**—The journal should be titled KINS 194F Observation Log. It should be written using *single space, 12 pt. font*. After you attend your site each day, you will record a brief summary of your **daily** observations. At end of the semester, you will submit the completed journal to your faculty advisor for full credit.

Each journal entry will require a title:

**First journal entry**—the title should include the agency name, date and the number of hours worked (e.g. Vibrant Care, September 8, 2013, 4 hours).

**Last journal entry**—the title should include date, number hours worked for that date and the grand total for the semester (e.g. December 15, 2013, 4 hours, total hours=45)

- **End of semester Reflection Paper**—You will submit a *500 word, single space, 12 pt. font* summary of your fieldwork/internship experience to your faculty advisor for full credit.

**Please note:** Enrollment in more than one section of KINS 194B, 195B, or 194F constitutes 2 different sites. **You must submit assignments separately** based on the respective unit value.

**DEADLINE:** Journal entries and reflection paper must be submitted to your faculty advisor by **Thursday before finals week**.

- A No Credit will be assigned if the contract is not fulfilled or if the course requirements are not met.
- A No Credit will be assigned if the student did not report a site change.

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**KEEP A COPY OF THIS AND ALL INTERNSHIP INFORMATION FOR YOUR RECORDS.**  
**PROSPECTIVE EMPLOYERS MAY ASK FOR PROOF OF YOUR FIELD EXPERIENCE.**



**Exercise Science**

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|  |            |  |             |
|--|------------|--|-------------|
| <b>Section A. Site Information</b> (All fields must be completed in ink and legible; <b>complete section with site supervisor</b> )                                  |            |  |             |
| Name of Agency (Print full name)   |            | Agency Website   |             |
| Mailing Address  | City       | State  | Zip         |
| Phone<br>( )   | Fax<br>( ) |  |             |
| Site Supervisor's Printed Name, Position/Title   |            | Email  |             |
| Learning outcomes/Description of duties (please be detailed in your description) :   |            |  |             |
| Unit value: <input type="checkbox"/> 1 unit=45 hours/semester <input type="checkbox"/> 2 units=90 hours/semester <input type="checkbox"/> 3 units=135 hours/semester |            |  |             |
| Site Supervisor's Signature  |            |  | Date<br>/ / |
| <b>Section B. Student Information</b> (complete and sign where indicated)  |            |  |             |
| Student's Printed Name (as it appears on current student records)  |            |  |             |
| Student ID #   |            | Email Address  |             |
| Phone Number<br>( )  |            |  |             |
| Student's Signature  |            |  | Date<br>/ / |
| <b>Section C. Internship Options</b> (check appropriate boxes in consultation with <b>Faculty Advisor</b> )  |            |  |             |
| <input type="checkbox"/> KINS 194B – Internship in Ex. Sci.*   |            | <input type="checkbox"/> KINS 195 B – Internship in Ex. Sci. |             |
| <input type="checkbox"/> KINS 194F – Allied Health Field Experience*   |            |  |             |
| * Requires a completed release of <b>Release of Liability Form</b> (attached) for all off-campus sites.  |            |  |             |
| Faculty Advisor's Printed Name   |            |  |             |
| Faculty Advisor's Signature  |            |  | Date<br>/ / |

For office use only: Date Enrolled: \_\_\_/\_\_\_/\_\_\_ Staff : \_\_\_\_\_ Course Code: \_\_\_\_\_

### **Release of Liability, Waiver of Right to Sue, Assumption of Risk and Agreement to Pay Claims**

Activity: Observation and assistance in a therapeutic/rehabilitation/wellness setting

Activity Date(s) and Time(s): Per individual assignment

Activity Location/Facility: As assigned to healthcare, hospitals, clinics, wellness facilities

Hazards to be aware of: Hazards common to healthcare or wellness environment

Hazard mitigation (how to prepare for a safe activity): Become familiar, understand and follow safety procedures in the facility

In consideration for being allowed to participate in this Activity, **I release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Sacramento and their employees, officers, volunteers and agents (collectively “University”) from any and all claims, **including the University’s negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other’s actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

I agree to hold the University **harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney’s fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older, I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID: \_\_\_\_\_