

C. Acknowledgement of Responsibilities

By signing this form I acknowledge that I have read, understood, and received the policies for all field activities in this course and that I agree to follow them. If I have provided emergency or health information I agree that I will notify the leader in writing of any changes that occur during the semester.

Signature:	Date signed:
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Submit this to the professor or Austin Community College official leading the field activity. The leader should possess this form during the activity. Destroy this form when no longer required for course activities. Follow standard procedures for destroying confidential information.