

**RELEASE AND HOLD HARMLESS AGREEMENT --
HOWARD COUNTY OCCUPATIONAL THERAPY STUDENT
FIELDWORK PROGRAM**

I, _____, have requested occupational therapy services through the Howard County Office on Aging and Independence Occupational Therapy Student Fieldwork Program. I understand that such services will be provided to me at no charge. I understand that these services will be provided by student interns who are qualified occupational therapy students. Providing these services is part of the fieldwork phase of the student intern's occupational therapy program, which is under the supervision of a licensed occupational therapist through the Howard County Office on Aging and Independence.

In consideration of my participation in this program, I agree to release and hold harmless the student interns, the college or university that the student intern attends, Howard County, MD, the Howard County Office on Aging and Independence, the State of Maryland, and their respective officials, employees, and agents, from all claims for damages unless such damages are solely due to their negligence.

Click [here](#) to indicate that you have read and agree to the terms of this agreement.