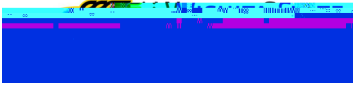


3.



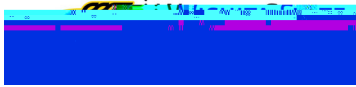
9. To advise the UNIVERSITY of any changes in its personnel, operation, or policies which may affect Field Experience;
10. To determine and notify UNIVERSITY of the number of Students which it can accommodate during a given period of time, and to promptly notify UNIVERSITY of which Students have satisfied FACILITY requirements and are accepted into the Field Experience;
11. To provide the assigned Student with an orientation about and a copy of FACILITY's existing pertinent rules and regulations with which the Student is expected to comply;
12. To notify UNIVERSITY that it requires Students to submit a background check at the Student's expense in a

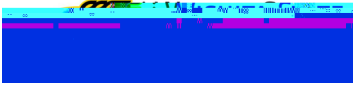
which is the subject of this Agreement and upon request will furnish a certificate evidencing that such insurance is in force to the UNIVERSITY.

- ii. INDEMNIFICATION/HOLD HARMLESS FACILITY shall fully indemnify, defend and save UNIVERSITY's officers, employees and agents harmless, without limitation, from and against any and all damages, expenses (including reasonable attorneys fees), claims, judgments, liabilities, losses, awards, and costs which may finally be assessed against UNIVERSITY in any action for or arising out of or related to this Agreement.

2. UNIVERSITY

- i. INDEMNIFICATION/HOLD HARMLESS FACILITY shall indemnify, defend and save UNIVERSITY governed and limited by the laws of the State of Kansas from and against any and all damages, expenses (including reasonable attorneys fees), claims, judgments, liabilities, losses, awards, and costs which may finally be assessed against UNIVERSITY in any action for or arising out of or related to this Agreement.





IN WITNESS WHEREOF the Parties hereto have executed this Agreement and/or authorized same to be executed by their duly authorized representatives as of the date shown below the respective signatures, said Agreement to become effective as of the later date.

WICHITA STATE UNIVERSITY

FACILITY

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

Kyoung H. Lee

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PRINTED NAME

Director, School of Social Work

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

(316) 978-6206, kyoung.lee@wichita.edu

\_\_\_\_\_  
CONTACT INFORMATION (PHONE & MAIL)

\_\_\_\_\_  
CONTACT INFORMATION (PHONE & MAIL)



ATTACHMENT  
CONTRACTUAL PROVISIONS ATTACHMENT  
State of Kansas,