

Covid-19 Acknowledgement

I understand, acknowledge and agree with each of the following statements:

My participation in this activity is voluntary and not required by the University.

- The risk of the transmission of COVID-19 increases whenever work is done where contact with others is inevitable simply because of the close proximity and length of person-to-person interactions.
- My activity does not have plans to test participants for COVID-19. Therefore, it is possible that one or more participants who I come into contact with at this activity are capable of transmitting COVID-19 to me or others, even if they themselves remain asymptomatic.
- The risks of transmission of COVID-19 during this activity cannot be eliminated, but may be mitigated by practicing good prevention behaviors such as wearing a face covering whenever contact with another individual is possible, frequently washing my hands with soap and water, refraining from touching my face before sanitizing my hands, and practicing sufficient physical distancing.
- Notwithstanding any practices, measures or methods employed or adopted during this activity, there will still be a risk and possibility of contracting or transmitting COVID-19 during this activity.
- While I am present at this activity, I will follow all health & safety measures prescribed by the activity organizer, including but not limited to wearing all required personal protective equipment, practicing good prevention behaviors such as wearing a face covering whenever contact with another individual is possible, frequently washing my hands with soap and water, refraining from touching my face before sanitizing my hands, and practicing sufficient physical distancing.
- If I contract COVID-19 and/or am exposed to COVID-19 during this activity, I will report that to the University.

After considering the information above, I have decided to participate in this activity. I am aware of the measures I can take to reduce my risks of transmission. My signature below acknowledges that I have read, understand and will abide by each of the statements included in this document.

Student's Name (please print)

Student's Signature

Date