Furman University Off-Campus, In-Person Experience
COVID-19 Acknowledgment and Release Form

General Acknowledgement

_______ (initial here) I, the undersigned, acknowledge that I am at least 18 years of age, and I agree that I am voluntarily signing this Acknowledgement and Release Form to participate in the Furman University Off-Campus, In-Person Experience (the “Experience”).

_______ (initial here) I acknowledge that during the COVID-19 pandemic, Furman will only permit Experiences either hosted completely by Furman faculty or staff or whose off-campus site host (“off-campus host”) certifies it (i) is permitted to operate under applicable local, state and federal government laws, orders, and regulations; (ii) will adhere to all executive orders and directives of federal, state, and local governmental authorities, and (iii) will comply with recommendations and guidelines of the Centers for Disease Control and Prevention (CDC) and other state and/or local health agencies regarding the COVID-19 pandemic including but not limited to workplace safety, social distancing and personal protective equipment throughout the duration of the experience.

_______ (initial here) I agree to immediately notify my assigned Furman Contact if there are changes to the Experience location, major responsibilities, schedule or start and end dates in light of COVID-19 or any other unforeseen events that may occur.

_______ (initial here) I agree to immediately notify the Assigned Furman Contact if at any time my off-campus host fails, or if I have reason to believe my off-campus host has failed to (i) adhere to all executive orders and directives of federal, state, and local governmental authorities, and (ii) agree to comply with recommendations and guidelines of the Centers for Disease Control and Prevention (CDC) and state and/or local public health agencies regarding the COVID-19 pandemic including but not limited to workplace safety, social distancing and personal protective equipment at any time during the Experience.

_______ (initial here) I agree to respond promptly, and in all cases not less than 24 hours, to my assigned Furman Contact’s attempts to communicate with me about my Experience, whether by phone, email or otherwise.

_______ (initial here) I agree that if my Experience includes work with “People Who Are at Higher Risk for Severe Illness” identified by the CDC, I will adhere to all of my off-campus host’s policies, procedures, and protocols related to working with such individuals. At a minimum, I agree to wear appropriate Personal Protective Equipment and maintain no less than 6 feet of distance from such individuals when I am at the off-campus host site.

Assumption of Risk & Release of Liability

In consideration of being permitted to participate in the Experience aforementioned, I acknowledge the following:

The novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. There is no current vaccine for COVID-19. COVID-19’s highly contagious nature means that contact with others, or contact with surfaces that have been exposed to the virus, can lead to infection. Additionally, individuals who may have been infected with COVID-19 may be asymptomatic for a period of time, or may never become symptomatic at all. Because of its highly contagious and sometimes “hidden” nature, it is currently very difficult to control the spread of COVID-19 or to determine whether, where, or how a specific individual may have been exposed to the disease.

_______ (initial here) I am aware of the possible risks, dangers, and hazards associated with (or arising out of or related to) my participation in the Experience during the COVID-19 pandemic, including but not limited to:

- contracting or becoming ill from COVID-19, which could lead to severe illness including in some cases death; and
- exposing other people with whom I am in close contact (less than 6 feet) to COVID-19, which could lead to severe illness including in some cases death.

_______ (initial here) I am aware and acknowledge that based on current guidance from public health officials, the following persons are at a higher risk for (i) contracting or becoming ill from COVID-19 and/or (ii) severe illness (including in some cases death):

- People 65 years and older;
• People who live in a nursing home or long-term care facility;
• People of any age who have serious underlying medical conditions, including:
  o Chronic kidney disease;
  o COPD (chronic obstructive pulmonary disease);
  o Immunocompromised state (weakened immune system) from solid organ transplant;
  o Obesity (body mass index [BMI] of 30 or higher);
  o Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies;
  o Sickle cell disease;
  o Type 2 diabetes mellitus.

_(initial here)_ I am aware and acknowledge that based on current guidance from public health officials, persons of any age who have the following underlying medical conditions may be at a higher risk for (i) contracting or becoming ill from COVID-19 and/or (ii) severe illness (including in some cases death):

  o Asthma (moderate-to-severe);
  o Cerebrovascular disease (affects blood vessels and blood supply to the brain);
  o Cystic fibrosis;
  o Hypertension or high blood pressure;
  o Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines;
  o Neurologic conditions, such as dementia;
  o Liver disease;
  o Pregnancy;
  o Pulmonary fibrosis (having damaged or scarred lung tissues);
  o Smoking;
  o Thalassemia (a type of blood disorder)
  o Type 1 diabetes mellitus.

_(initial here)_ I understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19.

_(initial here)_ I am aware and acknowledge that public health officials update the foregoing information and conditions as their understanding of COVID-19 continues to evolve. I understand and agree that I should apprise myself of such updates as they become available.

_(initial here)_ In return for Furman University allowing me to voluntarily participate in the Experience, I agree to assume and accept all risks related to COVID-19 including but not limited the risks set forth above that are associated with (or arising out of or related to) my participating in the Experience and to be solely responsible for any injury, loss, or damage which I might sustain while participating in the Experience.

_(initial here)_ To the maximum extent permitted by the law, I release and indemnify Furman University and its officers, trustees, directors, employees, volunteers, and representatives, from and against any present or future claim, loss, or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Experience.

_(initial here)_ To the maximum extent permitted by the law, I hereby grant permission to Furman University or its agents and emergency responders to arrange or render medical treatment or evacuation or any other medical services deemed necessary or appropriate for my safety and well-being, if I should become injured or ill during the Experience.

I understand that by signing this Acknowledgement and Release Form, which I am doing voluntarily, I am relinquishing substantial legal rights, including the right of financial recovery for injury, loss, or damage, whether that injury, loss, or damage results from the inherent and/or enumerated risks of participating in the Experience or from the ordinary negligence of another party.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO BIND MYSELF, MY HEIRS, EXECUTORS AND REPRESENTATIVES IN THE EVENT OF MY DEATH OR INCAPACITY.
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<tr>
<th>Printed Name</th>
<th>Date of Birth</th>
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<tbody>
<tr>
<td>Cell Phone Number</td>
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<tr>
<td>Emergency Contact Name/Relation</td>
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