Furman University Off-Campus, In-Person Experience
COVID-19 STUDENT ACKNOWLEDGMENT AND RELEASE FORM

1. General Acknowledgement

______(initial here) I, the Student, acknowledge that I am at least 18 years of age, and I agree that I am voluntarily signing this COVID-19 Student Acknowledgment and Release Form to participate in Furman University Off-Campus, In-Person Experience (hereinafter, 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. When off-campus, I will uphold the Paladin Promise.

______(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 my 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) 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 understand and agree that Furman has the right to cancel in-person, off-campus experiences due to high levels of community or on-campus COVID-19 transmission. I understand that is in my best interest to have a backup plan to complete my experience remotely if necessary.

______(initial here) I understand that I may be asked, as part of Furman’s asymptomatic testing protocols, to be tested for COVID-19.

______(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.

2. Assumption of Risk

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 acknowledge that while Furman University has implemented safety measures intended to reduce the risk of contracting or spreading COVID-19, and although I have received training on such safety measures and those specific to the Experience, I understand that I can never be completely shielded from all risk of illness caused by COVID-19 or any other infection disease.
I further understand and appreciate that my participation in the Experience may increase the risk that I contract COVID-19.

I acknowledge and agree that I know 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 to COVID-19, which could lead to severe illness including in some cases death.

I am aware and acknowledge that based on current guidance from public health officials, adults (aged 18 years and older) of any age with certain underlying medical conditions are at increased risk for severe illness from the virus that causes COVID-19. “Severe illness” from COVID-19 is defined as hospitalization, admission to the Intensive Care Unit, intubation or mechanical ventilation, or death.

I am aware and acknowledge that based on current guidance from public health officials, adults of any age with the following conditions are at increased risk of severe illness from the virus that causes COVID-19:

- Cancer;
- Chronic kidney disease;
- COPD (chronic obstructive pulmonary disease);
- Immunocompromised state (weakened immune system) from solid organ transplant;
- Obesity (body mass index (“BMI”) of 30 kg/m2 or higher but < 40 kg/m2);
- Severe Obesity (BMI ≥ 40 kg/m2);
- Pregnancy;
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies;
- Sickle cell disease;
- Smoking;
- Type 2 diabetes mellitus.

I am aware and acknowledge that based on current guidance from public health officials, adults of any age with the following conditions might be at increased risk for severe illness from the virus that causes COVID-19:

- Asthma (moderate-to-severe);
- Cerebrovascular disease (affects blood vessels and blood supply to the brain);
- Cystic fibrosis;
- Hypertension or high blood pressure;
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines;
- Neurologic conditions, such as dementia;
- Liver disease;
- Overweight (BMI > 25 kg/m2, but < 30 kg/m2);
- Pulmonary fibrosis (having damaged or scarred lung tissues);
- Smoking;
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus.

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.

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.
In consideration of being permitted to participate in the Experience, I voluntarily agree to assume and accept responsibility for all risks associated with (or arising out of or related to) COVID-19 and/or any other epidemic, pandemic, or infectious disease, including but not limited to those set forth above, and to be solely responsible for any injury (including death), loss, or damage that I may sustain as a result of such risks.

3. Release of Liability

In consideration of being permitted to participate in the Experience, I agree, to the maximum extent permitted by the law, to release Furman University and its officers, trustees, employees, volunteers, students, and representatives, from and against any present or future claim, expense, action, loss, or liability for injury to person or property that I may suffer, or for which I may be liable or responsible to any other person, during or in connection with my participation in the Experience and associated with (or arising out of or related to) COVID-19 and/or any other epidemic, pandemic, or infectious disease, irrespective of the cause, including negligence on the part of Furman or its officers, trustees, employees, volunteers, students, or representatives.

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 or in connection with my participation in the Experience.

I understand that by signing this Assumption of Risk and Release, 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 ACKNOWLEDGEMENT AND RELEASE FORM AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO BIND MYSELF, MY HEIRS, EXECUTORS AND REPRESENTATIVES IN THE EVENT OF MY DEATH OR INCAPACITY.

Student’s Signature

Date

*Please note that your typed name will serve as your signature – after you have completed this form, please email it to internship@furman.edu from your Furman University student email account.

CONTACT INFORMATION

Printed Name

Date of Birth

Cell Phone Number

Emergency Contact Name/Relation

Emergency Contact Phone Number