

Acknowledgement, Waiver and Consent Form

On March 10, 2020, Colorado Governor declared a disaster emergency for Colorado relating to the COVID-19 outbreak. Although the risk of exposure to COVID-19 across Colorado is reported to be decreasing, I understand that there is still risk associated with my use of facilities at the Lola & Rob Salazar Student Wellness Center. These risks **include but are not limited to**: increased social contact and interaction with Center employees and other members; exposure to or contraction of the community spread viral respiratory illness, Coronavirus disease 2019 (COVID-19); subsequent spread to household members or community; limited healthcare availability in the event of healthcare facility strain; serious health complications including hospitalization and death; additional costs expended for healthcare, delivery of necessary living supplies if quarantined and other expenses.

I understand that the Center has put additional exposure reduction steps in place to help reduce the spread of COVID-19 and to protect Center employees and other members. I am also aware that the exposure risks associated with my presence at and use of facilities at the Center during the COVID-19 pandemic may still exist regardless of additional exposure reduction steps taken by the Center. I agree to adhere to all Center recommended safety and health guidelines for the prevention of COVID-19. I understand these steps include guidance issued by the Colorado Department of Public Health and Environment, the Occupational Safety and Health Administration and the Centers for Disease Control and Prevention.

Some of these precautions include:

- engaging in frequent hand washing using soap and water for at least twenty seconds (or, if soap is not available, use an alcohol-based hand sanitizer);
- sanitizing surfaces and objects frequently used;
- wearing personal protective equipment (PPE), such as face masks and gloves; and
- following any and all other preventive measures recommended by applicable authorities.

I understand that the above guidelines do not completely eliminate risk of exposure to COVID-19. If I experience any COVID-19 related symptoms (such as fever, cough, body aches, or shortness of breath), I understand I will not visit the Center, I will stay home and follow the advice of my healthcare provider, clinic, or hospital. In such case, I will immediately alert the Center of such symptoms.

- I exercise my own free and voluntary choice to participate in activities provided by the Center, including use of facilities and equipment provided. I understand and assume all associated risks of the use of the Center, of those related to COVID-19 and those inherent in a recreation setting.
- I release, waive, indemnify, hold harmless and discharge the Center and The Regents of the University of Colorado, a body corporate, along with their officers, agents, employees, contractors and their successors and assigns (collectively, the "**Center Representatives**") from any and all claims, demands, liabilities, damages and injuries or illnesses arising from or relating to participation at the Center.
- I understand the Center does not provide health insurance for the associated activities, and as such, my personal health insurance will be responsible for payment of medical services and care for any injuries or illnesses sustained during the duration of these activities, regardless of whether my medical insurance would cover such charges and fees.
- I understand I may seek advice from legal counsel before signing this Acknowledgement, Waiver and Consent Form.

By signing this Acknowledgement, Waiver and Consent, I hereby certify and acknowledge that I have read and understand the provisions above. I have sought the advice of legal counsel or wish to waive the opportunity to seek the advice of counsel before signing.

READ CAREFULLY -- BY SIGNING THIS DOCUMENT YOU MAY GIVE UP IMPORTANT LEGAL RIGHTS.

PRINT NAME OF PARTICIPANT _____
Last First MI

PARTICIPANT SIGNATURE: _____

DATE: _____