

Template Version 8/7/2020

The University of Colorado invites you as a University participant in field research as <a student/faculty member in the Department of xxx>. Please read the following important information and sign the acknowledgement below.

Community spread of Coronavirus disease 2019 (COVID-19) is ongoing. Participating in University field research comes with risks similar to participating in any activity outside of your home at the current time. It is important to understand that we all have a personal responsibility for assuming risks inherent in community spread diseases during these times. **These risks include, but are not limited to:** exposure to or contraction of the community-spread viral respiratory illness Coronavirus disease 2019 (COVID-19), potential subsequent spread to household members or community, limited healthcare availability in the event of healthcare facility strain, and additional costs expended for delivery of necessary living supplies if quarantined.

As a participant, you are required to comply with all requests, rules and guidelines contained in the Field Off-campus Application developed by <the faculty sponsor with reviews by the College of XXX> and University of Colorado> and approved through university processes. **You agree to adhere to all policies and procedures outlined in this document.** Even with these protocols in place, participants face the risk of exposure to this disease. You understand and assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. You understand that your personal health insurance may be responsible for payment of medical services and any health care needs sustained as a result of exposure or illness due to this disease.

I hereby certify and acknowledge that I have received and read the Safety Plan and understand the provisions above and agree that I am participating in this work voluntarily.

Researcher/Creative Scholar Name: _____

Researcher/Creative Scholar Signature: _____ Date: _____