COVID-19 ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I, ____________________________, presently a student at Central Connecticut State University (“CCSU”), wish to participate in ______________________ (“Activity”). I understand that, as a condition of such participation, I am being asked to sign this COVID-19 Assumption of Risk and Release of Liability and that my doing so is an act of my free will.

By signing this document, I understand and agree to the COVID-19 requirements set forth below:

• Students are strongly urged to continue to follow the CDC guidelines that can be found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html.

• Students are strongly urged to avoid high-risk environments where they may be exposed to COVID-19 including large crowds (malls, planes, trains, buses, movie theaters), restaurants and bars, and gyms.

• Students are strongly urged to practice frequent handwashing followed by an alcohol-based gel/foam hand sanitizer, such as Purell. Students who travel may require screening and a mandatory quarantine of 2 weeks following return.

• If you are feeling sick, please do NOT come to the Activity. If you are exhibiting signs of COVID-19, please notify your healthcare provider immediately and get tested.

I am aware of and understand the symptoms and risks of COVID-19. I also understand that there are risks and hazards directly or inherently involved in the Activity that may be present and may increase my risk of contracting COVID-19 despite taking all prescribed precautions. Despite these and other risks involved in participation in the Activity, I voluntarily choose to participate. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of CCSU, and agree to all requirements for returning.

In consideration for CCSU permitting me to participate in the Activity, I hereby assume all the risks associated with such participation and I agree to hold the State of Connecticut, the Board of Regents for Higher Education, the Connecticut State University System, CCSU, their employees, agents, representatives and volunteers harmless from any and all liability, actions, causes of actions, claims or demands of any kind and nature whatsoever, including those arising from the negligence of CCSU, which may arise by or in connection with my participation in any events related to the Activity and COVID-19. The terms herein shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I have read the foregoing and fully understand its contents. I understand that by signing this COVID-19 assumption of risk and release of liability agreement, I will be giving up substantial rights and I sign this document freely and voluntarily without any inducement.

This document shall be construed in accordance with the laws of Connecticut, without regard to its principles of conflicts of laws.

Name of Student ____________________________

Student’s Signature ____________________________

Date ____________________________
Off-Campus Site Location and Site Supervisor Information:
Name of Site:
Address of Site:
Supervisor First Name:
Supervisor Last Name:
Supervisor Email:
Supervisor Mobile Number:

By checking this box, there is an understanding the internal expectation for our CCSU students include:

- The utilization of a face mask during any and all hours of participation is required
- Frequent handwashing followed by an alcohol-based gel/foam hand sanitizer, and the utilization of hand sanitizers and hand wipes after all personal contact with high touch areas
- Six feet of Social distancing should be adhered to whenever possible
- Notification agreement to the University in the event of physical illness that may be associated with symptoms of COVID-19
- Notification agreement to the University in the event of institutional shutdown of facility.

Name ___________________________________

Signature ________________________________

Date _____________________________________