# **COVID-19 Release**

Brief description of WCU activity (to be completed by volunteer, visitor or host):

I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another, and the inherent risks of exposure at the University to those who may be infected with COVID-19. I voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in the above described activity and that such exposure or infection may result in personal injury, illness, permanent disability, and/or even death. I voluntarily assume full responsibility for any and all risks of illness or injury associated with my exposure to COVID-19, as well as from use of any protective equipment, including face masks, that the University may voluntarily provide to me. I completely absolve the University, its trustees, officers, employees, agents, and contractors and any and all legal or financial responsibility, including, but not limited to, any personal injury, disability, illness, damage or death from exposure to COVID-19, whether such exposure occurs before, during or after my participation in the above described activity. Also, I agree, on behalf of myself, my personal representatives and heirs, not to make any type of legal or equitable claim on University, or any of its trustees, officers, employees, agents or contractors with respect to any exposure I may have to COVID-19, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with the University, including fellow students. I further agree that if any such claim is made, I will indemnify and defend University with respect to any such claim.

Print name of volunteer, visitor or host

Signature of volunteer, visitor or host Date