

Acknowledgement of Risk and Waiver of Liability

In exchange for me being permitted to participate in [fill in the nature of the program]
_____ at [fill in the location of program]
_____ ("the Program"), as part of my enrollment in the [fill in college or
department] _____ I agree to the following:

1. There is potential risk inherent in participating in the Program. I understand and acknowledge that my participation in the Program may include potential exposure to patients or other individuals with diseases known or unknown, including but not limited to COVID-19.
2. I voluntarily participate in the Program and assume all risks of participation, including all risks associated with exposure to disease or infection, known or unknown, including but not limited to physical or psychological injury, pain, suffering, contagiousness, illness, temporary or permanent disability, economic or emotional loss, and/or death.
3. I agree to follow all Program policies and procedures as well as any written or oral instructions or direction given by the Program or by Austin Peay State University.
4. As required by the Program and to the extent possible, I agree to follow any applicable safety guidelines, including those of the CDC Guidelines issued now and in the future related to COVID 19. I acknowledge that the use of safety precautions, such as handwashing, does not fully eliminate any risk inherent to participation in the Program.
5. I agree to not attend the Program if I believe I have been exposed to someone who tested positive for COVID-19 or have any symptoms of COVID-19 (cough, fever, and/or shortness of breath). If I have symptoms, been exposed or received a test I will fill out the form (https://cm.maxient.com/reportingform.php?AustinPeayStateUniv&layout_id=19), and do as instructed.
6. To the extent permitted by law, and in consideration for being allowed to participate in the Program, I hereby release, discharge, and covenant not to sue the Program, Austin Peay State University, the Austin Peay State University Board of Trustees, and the State of Tennessee, and their administrators, faculty, staff, agents, and employees from all liability, claims, causes of actions, damages, or demands of any kind and nature whatsoever that may arise from my participation in the Program.

In signing this Agreement, I understand that compliance with the expectations set forth in this document is a professional responsibility with which I agree to abide. I hereby acknowledge and represent that I have read this Agreement in its entirety, understand it, and sign it voluntarily.

Participant Printed Name

Participant Signature

Date