

**COVID-19 Assumption of Risk and Release of Liability Agreement
2020-21 SPU Clinical and Internship Activities**

Instructions: This is an Assumption of Risk and Release of Liability Agreement (the “Agreement”) for students who will participate in a clinical or internship placement that is for academic credit during the 2020-21 academic year (such internship or clinical is referred to in this Agreement as the “Program”). To participate in the Program, each student must read this Agreement and sign at the bottom. In this Agreement, the term “SPU” means Seattle Pacific University.

- I acknowledge that the novel coronavirus, COVID-19, is a highly contagious, potentially life-threatening disease declared by the World Health Organization to be a global pandemic. Prior to my participation in the Program, I will review information on the Public Health – Seattle & King County website about COVID-19 (e.g., <https://www.kingcounty.gov/depts/health/covid-19/FAQ.aspx>).
- I understand that people infected with COVID-19 may be asymptomatic for a period of time, which can make it difficult to prevent the spread of the disease. I understand that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk related to COVID-19.
- I acknowledge that SPU does not and cannot control activities of the Program that occur at the Program site(s). I acknowledge that SPU cannot guarantee my personal health or safety during my participation in the Program. I understand that my participation in the Program may need to be limited or even terminated as a result of COVID-19 impact or precautions.
- While participating in the Program, I will follow all governmental laws, orders, and proclamations related to COVID-19. I will also follow all COVID-19 requirements imposed by the Program site when I am at the Program site.
- I voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in the Program and that such exposure or infection may result in personal injury, illness, permanent disability, and/or even death.
- I release SPU and its trustees, employees, and agents (collectively, including SPU, the “SPU Parties”) to the fullest extent permitted by law from any and all claims, damages, causes of action, and demands related to exposure to COVID-19 from participating in the Program, including but not limited to any claim related to personal injury, illness, disability, or death. This release extends to, but is not limited to, claims where there is alleged concurrent or contributory negligence by SPU, its employees, or its agents. I understand that this is a release of liability, a waiver of legal claims, and an agreement not to sue SPU. I agree that this release will bind my heirs, executors, successors, and assigns (if any).

My signature below indicates that I am at least eighteen years of age, that I have read and understand the above statements, and that I intend to be bound legally by the terms of this Agreement.

Print Student Name

Student Signature

Date