



WARNER UNIVERSITY

## COVID-19

### ASSUMPTION OF RISK AND PERSONAL RESPONSIBILITY COVENANT

#### ASSUMPTION OF RISK

The 2019 novel coronavirus disease (COVID-19) (the “**Disease**”) has been declared a worldwide pandemic by the World Health Organization and is reported to be extremely contagious. The Disease is spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and through the air. It is assumed the Disease may be present when groups of persons gather in shared spaces. I am aware that during daily activities at Warner University it is possible to come into contact and become ill with the Disease, or another disease or illness, simply by being on the premises and engaging in any University activities.

Evidence has shown the Disease can cause serious and potentially life-threatening illness, and even death. I am aware of the highly contagious nature of bacterial and viral diseases, including the Disease. I understand and acknowledge that such exposure or infection from the Disease or other diseases or Illnesses may result in serious illness, personal injury, permanent disability, or death.

#### MY PERSONAL RESPONSIBILITY TO THE WARNER COMMUNITY

In choosing to attend Warner University and participate in normal daily activities, and in order to ensure the well-being of myself and others, I agree to:

- Comply with all instructions and guidelines from the University and/or public health officials;
- Notify a Warner staff member if:
  - I have previously been or am currently diagnosed with COVID-19
  - I had any direct contact with someone that has a suspected or lab confirmed case of COVID-19
- Respect personal space and practice social distancing;
- When social distancing is not possible, I will wear a face covering as required and/or requested;
- Practice good hygiene that includes frequent hand-washing;
- Disinfect and clean common areas regularly (including bathrooms, laundry facilities, etc.)
- Be aware of mitigating surface contact with doors, railings, and other high contact areas;
- Submit to periodic wellness screening as requested;
- Self-monitor daily for the presence of Disease symptoms and report the presence of symptoms to my RD, coach or Student Life staff;
- Seek medical attention if I develop symptoms of the Disease;
- Follow all medical and public health guidance with regard to the Disease, or any other disease or illness;

I understand that all teaching will be offered in multiple formats; therefore, in the event of needing to quarantine, self-isolate or the interruption of in person classes, remote learning will continue and refunds will not be given.

I ACKNOWLEDGE THE POTENTIAL RISK AND DANGER OF BEING EXPLOSED TO COVID-19 WHILE ON THE PREMISES OF WARNER UNIVERSITY. I VOLUNTARILY ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY, OR DEATH RELATED TO THIS DISEASE, AND ANY OTHER DISEASES OR ILLNESSES, AND AGREE TO ABIDE BY MY PERSONAL RESPONSIBILITIES TO THE WARNER COMMUNITY.

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Student Name

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Age

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Student Signature (Parent or Guardian if under 18)

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Date