

**COVID-19 Acknowledgement of Risk and Consent Form for
STUDENTS AND EMPLOYEES**

1. The novel coronavirus (“COVID-19”) is a disease that includes several symptoms according to the Centers for Disease Control (“CDC”), such as fever or chills, cough, shortness of breath, nausea, and can lead to death. Currently, no vaccine has been developed for COVID-19. COVID-19 is contagious and means that contact with others, even those who are asymptomatic, or contact with surfaces that have been exposed to the virus, can lead to infection.
2. Aware of the foregoing, I acknowledge and agree to the following terms as a condition of being allowed to enter the property of Merrimack College (the “College”).
3. I understand and acknowledge the Commonwealth of Massachusetts’ emergency orders, the Reopening Massachusetts guidance, and the CDC guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, state and federal orders and guidance are regularly modified and updated. I accept full responsibility for familiarizing myself with the most recent updates and complying with same at all times while on the College’s property.
4. The College is dedicated to providing a safe community to its faculty, staff, students, and visitors. However, I understand that it is impossible for the College to prevent all risk of infection. I acknowledge that the College has done its best to implement recommended CDC, Department of Public Health, federal, state and local guidelines and put in place preventative measures to reduce the spread of COVID-19; however, the College cannot guarantee that I will not become infected with COVID-19.
5. I understand that the College has put in place new policies and protocols in order to mitigate the spread of COVID-19. I have read and agree to abide by the College’s policies and protocols for COVID-19 at all times while on the College’s property.
6. By signing this agreement, I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another, and the inherent risk of exposure in service to the College to those who may be infected with COVID-19. I acknowledge the risk that I may be exposed to or infected by COVID-19 by my presence on the property or in service of the College and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death.
7. I understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 at the College may result from the actions, omission, or negligence of myself and others, including but not limited to, College trustees, employees, agents, contractors, volunteers, and students. I acknowledge that the College is an open campus, which limits the College’s ability to control students and visitors on campus. I recognize that the College cannot limit all potential sources of COVID-19 infection. I acknowledge that I have asked for and/or been given any information that I may need to determine the risks associated with returning to the premises of the College and to make an informed decision of those risks.
8. I understand and consent to submit and comply with any testing, health monitoring and contact tracing protocols that the College has determined are prudent to maintain a safe campus environment. I understand that the College will take reasonable measures to ensure the confidential and private nature of the testing and health monitoring information it may obtain from students and employees. However, I understand and agree that the College may share my COVID-19-related information with certain employees and/or public health officials with a legitimate need to know this information.

I HAVE READ THIS FORM BEFORE SIGNING IT AND AGREE TO BE BOUND BY ITS TERMS.

Name: _____

Signature: _____ Date signed: _____

Name of Parent/Legal Guardian (if student is a minor): _____

Parent / Legal Guardian: _____ Date signed: _____

Day Phone: Area Code and Number: _____ - _____ - _____