

THE UNIVERSITY OF TULSA
EXPERIENTIAL LEARNING EXPERIENCES ASSUMPTION OF RISK OF COVID-19

I voluntarily acknowledge and agree to the following:

1. I understand that COVID-19, the disease caused by the novel coronavirus, is a highly contagious disease that causes symptoms that can range from mild (or no) symptoms to severe illness. COVID-19 can cause severe and lasting health complications, including death. Everyone is at risk of COVID-19, including me. There is currently no vaccine to prevent COVID-19.
2. I understand that although anyone who contracts COVID-19 may experience severe complications, the CDC has found that individuals who are 65 years and older, who live in a nursing home or long-term care facility, or who have certain underlying health conditions are at higher risk of developing severe complications from COVID-19. These health conditions include: chronic lung disease, asthma, conditions that cause a person to be immunocompromised, obesity, diabetes, chronic kidney disease and liver disease.
3. I understand that COVID-19 is believed to spread primarily by coming into close contact with a person who has COVID-19 and may also spread by touching a surface or object that has the virus on it, and then touching one's mouth, nose or eyes. I understand that the CDC has issued recommendations to reduce the risk of spreading or contracting COVID-19, including by avoiding close contact with other people outside of one's home, wearing a face cover or mask when around others, frequently washing hands or using hand sanitizer, and avoiding touching the face.
4. I understand that much remains unknown about COVID-19. Further research may reveal additional information regarding the disease, including how it spreads, who is at heightened risk of developing severe complications, and what health complications, including long-term complications, can result from contracting it.
5. I understand that participating in internship, externship, work study, research and other related experiences for academic credit or pay ("Experiential Learning Experiences") may increase the risk of contracting COVID-19, and these risks cannot be eliminated.
6. I understand that it is my responsibility to follow all instructor and supervisor instructions while participating in Experiential Learning Experiences and to take all available precautions so that the risk of exposure is minimized. I will follow all program specific information relating to prevention of diseases.
7. I understand that my own actions may impact my risk of contracting and spreading COVID-19 and that I am responsible for taking recommended precautions to reduce the risk of doing so. As a condition of my participation in Experiential Learning Experiences, I agree to comply with all applicable policies and rules regarding COVID-19 prevention and/or mitigation, including social distancing, mask wearing, symptom monitoring, hygiene, and travel policies.
8. I certify that I have carefully read and understand this document. I acknowledge and understand that, as explained in this document, my participation in Experiential Learning Experiences carries risks that cannot be eliminated. I fully understand these risks.
9. Knowing these risks, I certify that I desire to participate in Experiential Learning Experiences, and I expressly agree and promise to accept and assume all risks associated with doing so. I am voluntarily agreeing to be bound by this document's terms.

Student Signature

Date

Student (print name)

If Student is under 18 years of age, Parent/Guardian must also sign:

Parent/Guardian Signature

Date

Parent/Guardian (print name)

Legal Counsel approved, 7/8/2020