



## **ROOSEVELT UNIVERSITY**

### **ASSUMPTION OF RISK WAIVER AND RELEASE OF LIABILITY**

The novel coronavirus, SARS-CoV-2, causes a highly infectious, life-threatening disease, COVID-19, declared by the World Health Organization to be a global pandemic. There is no current vaccine for SARS-CoV-2. COVID-19's highly contagious nature means that contact with others or contact with surfaces that have been exposed to the virus, can lead to infection. Additionally, individuals who may have been infected with SARS-CoV-2 may asymptomatic for a period of time or may never become symptomatic at all. Because of its highly contagious and sometimes "hidden" nature, it is currently very difficult to control the spread of COVID-19 or to determine whether, where, or how a specific individual may have been exposed to the -disease.

Aware of the foregoing, I am voluntarily entering to the campus of Roosevelt University. (the "University").

I understand that the University is especially focused on the health and well-being of all members of the university community and its guests. However, the University cannot guarantee a risk-free environment. An inherent risk of exposure to COVID-19 exists in any public place where people are present.

Accordingly, the University has adopted health measures to help reduce the likelihood of spread of SARS-CoV-2; these measures are required of all individuals on Roosevelt's campus and facilities. By entering its facilities you voluntarily assume all risks related to exposure of SARS-CoV-2 and agree to the following: Wear face coverings at all times; Remain at least six (6) feet apart from other guests; Observe any additional guidelines that may be posted or communicated at the venue/event; Follow good hygiene guidance such as regular hand washing; Avoiding touching one's face; Disinfect all touched items; and Not attend the event in if, within 72 hours prior to the event, you have either developed a fever (temperature of 100.4° or higher) or had potential symptoms of COVID-19. Symptoms include, but are not limited to: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. The University prohibits access to its facilities by any individual who has been in close contact with a person who has been diagnosed with COVID-19 for 14 days following the last date of contact. Visitors must also comply with the City of Chicago's Emergency Travel Order, which requires all travelers entering or returning to Chicago from states experiencing a surge in new COVID-19 cases to quarantine for a 14-day period from the time of last contact within the identified state.

All visitors must comply with the instructions given to them and the health measures outlined above. Individuals who violate this policy may be asked to leave Roosevelt facilities.

I understand that while the University has undertaken reasonable steps to lessen the risk of transmission of SARS-CoV-2, the University is not responsible in any manner for any risks related to COVID-19 in connection with the University's campus and facilities. I understand that the World Health Organization has classified the COVID-19 outbreak as a pandemic. I further understand that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. I am fully aware that entering the University's campus and facilities carries with it certain inherent risks related to COVID-19 transmission ("Inherent Risks") that cannot

be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying SARS-CoV-2; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof. Further, I understand that the risks of COVID-19 are not fully understood, and that contact with, or transmission of, SARS-CoV-2 may result in risks including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks. I hereby voluntarily accept and assume all risk of loss, personal injury, sickness, death, damage, and expense arising from such Inherent Risks. Furthermore, I represent and warrant that I do not suffer from any medical condition or disease that might in any way hinder or prevent me from visiting the University's Campus and facilities, including, to my knowledge, COVID-19.

This COVID-19 Assumption of Risk Waiver and Release of Liability shall be binding on my heirs, executors, administrators, successors, and assigns. I expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by applicable laws, and that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. This Agreement contains the entire understanding of the parties relating to the subject matter, and shall not be altered, modified, amended, waived or supplemented in any manner whatsoever except by a written agreement signed by both parties.

In consideration of this visit, I hereby WAIVE, RELEASE AND DISCHARGE from any and all liability for the death, disability or personal injury to myself (if applicable: or my child, or other underaged individual under my supervision), Roosevelt University, its directors, officers, employees, representatives and agents. I also agree to INDEMNIFY AND HOLD HARMLESS, the entities mentioned in this paragraph from any liabilities or claims made by other individuals or entities as a result of my (if applicable: or my child's, or other underaged individual under my supervisions) actions. THIS WAIVER, RELEASE AND DISCHARGE COVERS MY PERSONAL RIGHTS AND MY RIGHTS AS GUARDIAN.

---

Signature of Parent or Guardian

---

Date

\*please print, sign and submit the completed form to [bmla@roosevelt.edu](mailto:bmla@roosevelt.edu)

(If applicable: Parent or Legal Guardian of (please list name of each child):

---

---

---

---

---

---

Roosevelt University

---

Date