# UNIVERSITY OF WYOMING

# ASSUMPTION OF RISK: COVID-19

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and acknowledge that by participating in XXXXXX during this COVID-19 pandemic, the University of Wyoming has implemented and will continue to implement policies and protocols consistent with Federal, state and local guidelines in order to protect the public as well myself. During my time participating with XXXX, I agree to follow Center of Disease Control (CDC), Department of Health, Wyoming Governor’s Office and University of Wyoming policies and procedures for reducing the spread of Novel Coronavirus, or COVID-19.

Understanding the above information, I hereby freely and voluntarily, without duress, execute this Agreement under the following terms:

1. **General Waiver and Release.** I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities), from any and all liability whatsoever for any and all damages, losses or injuries (including death) that may result from XXXXXX. I understand and acknowledge that this Agreement discharges University from any liability or claim against it with respect to any bodily injury, personal injury, illness, death, monetary loss or property damage that may result from my participation in the volunteer program. I understand that the University assumes no responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death, accident, monetary loss or property damage.
2. **Medical Treatment.** I understand that there is no direct medical health coverage afforded to me during my relationship with the University of Wyoming. The University of Wyoming is not responsible for any potential exposure or damages relating to my possible exposure to the Novel Coronavirus, or COVID-19 during my activities.

1. **Assumption of Risk.** I understand that by participating, I may be subject to activities and circumstances that may be hazardous to me. I hereby expressly and specifically assume the risk of injury or harm in these circumstances and release the University from all liability for injury, illness, death, monetary loss or property damage resulting from such circumstances during my participation with the volunteer program.
2. **Other.** I agree that this Waiver and Release Agreement is to be construed under the laws of the State of Wyoming including, but not limited to, the Wyoming Governmental Claims Act, and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Dated:

(Signature) (Printed Name)

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(Signature of Parent/Legal Guardian for Minors under 18) (Printed Name)