

**WASHINGTON STATE UNIVERSITY
WAIVER, RELEASE, AND ASSUMPTION OF RISK
FOR COVID-19 INFECTION**

I, _____ *[insert participant name]*, desire to take part in the _____ *[insert event name]* ("Event") on _____, 2021 *[insert date]* on a campus or other property ("Premises") owned or controlled by Washington State University and/or the State of Washington ("WSU").

In consideration for the opportunity to take part in the Event, I voluntarily agree to assume all risks involved in my participation in the Event, including but not limited to the risk of contracting the novel coronavirus ("COVID-19").

COVID-19 has been classified by the World Health Organization as a global pandemic. COVID-19 is reported to be extremely contagious. The virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The state of medical knowledge regarding COVID-19 is still evolving. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness, debilitating injury, or death.

I understand that WSU cannot prevent me from becoming exposed to, contracting, or spreading COVID-19 while utilizing the Premises; that it is not possible to prevent against the presence of the disease; and that by participating in the Event, I may be exposing myself to and/or increasing my risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK FOR COVID-19

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE ABOVE AND UNDERSTAND THE RISKS OF COVID-19 ASSOCIATED WITH ENTERING THE PREMISES AND/OR PARTICIPATING IN THE EVENT. I VOLUNTARILY ASSUME SUCH RISKS, INCLUDING THE RISK OF SERIOUS ILLNESS, DEBILITATING INJURY, OR DEATH. BY SIGNING BELOW, I FURTHER ACKNOWLEDGE THAT I UNDERSTAND THAT THE RISK OF EXPOSURE TO, CONTRACTING, OR SPREADING COVID-19 MAY RESULT FROM THE ACTS, OMISSIONS, OR NEGLIGENCE OF MYSELF AND OTHERS, INCLUDING BUT NOT LIMITED TO WSU EMPLOYEES, AGENTS, AND VOLUNTEERS; OTHER EVENT PARTICIPANTS; AND/OR OTHER INDIVIDUALS WHO MAY BE PRESENT IN THE PREMISES OR VICINITY. I KNOWINGLY ASSUME SUCH RISKS, INCLUDING THE RISK OF SERIOUS ILLNESS, DEBILITATING INJURY, OR DEATH.

WAIVER OF LIABILITY/HOLD HARMLESS FOR COVID-19

BY SIGNING BELOW, AND IN CONSIDERATION FOR THE OPPORTUNITY TO PARTICIPATE IN THE EVENT, I VOLUNTARILY AGREE TO WAIVE AND DISCHARGE ANY AND ALL CLAIMS AGAINST WSU RELATED TO OR ARISING OUT OF COVID-19, AND VOLUNTARILY RELEASE WSU FROM LIABILITY FOR ANY EXPOSURE TO OR ILLNESS OR INJURY FROM COVID-19, INCLUDING BUT NOT LIMITED TO CLAIMS FOR NEGLIGENT ACTIONS OF WSU OR ITS EMPLOYEES, AGENTS, AND VOLUNTEERS RELATED TO OR ARISING OUT OF COVID-19, TO THE FULLEST EXTENT ALLOWED BY LAW. BY SIGNING BELOW, AND IN CONSIDERATION FOR WSU ALLOWING ME TO PARTICIPATE IN THE EVENT, I AGREE TO RELEASE, DISCHARGE, AND HOLD HARMLESS WSU AND ITS

EMPLOYEES, AGENTS, AND VOLUNTEERS, FROM ALL LIABILITY, CLAIMS, CAUSES OF ACTION, OR DEMANDS, INCLUDING ATTORNEY FEES, FINES, FEES, OR OTHER COSTS (E.G. MEDICAL COSTS) ARISING OUT OF ANY EXPOSURE TO OR ILLNESS OR INJURY FROM COVID-19.

I have carefully read this document and understand its contents. I am fully informed about this Event and, being apprised of the risks inherent in participating in the Event, I assume the risk of participation and release WSU from liability as set forth herein. I am aware that this document is a contract with WSU. I am age 18 or older, sign it freely and voluntarily.

Participant's signature
(Or parent or guardian's signature if participant is a minor)

Date

Participant's printed name

Parent or guardian's signature if participant is a minor

Witness' signature

Date

Witness' printed name