



COVID-19 ACKNOWLEDGEMENT OF RISK AND WAIVER

The novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. There is no current vaccine for COVID-19. COVID-19 is highly contagious, meaning that contact with others can lead to infection. Additionally, individuals who may have been infected with COVID-19 may be 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. Symptoms of COVID-19 include the following:

- 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.

Aware of the foregoing, I am voluntarily returning to classes / lessons at the Minnesota Conservatory of the Arts (MCA) at Saint Mary's University of Minnesota (“University”). I understand that the University has put in place new safety rules and precautions in order to mitigate the spread of COVID-19, which rules and precautions may be updated at any time. While acknowledging that these rules and precautions may or may not be effective in mitigating the spread of COVID-19, I agree to comply with such rules and precautions, which may include, but are not limited to, mask wearing, hand washing, hand sanitizing, and social distancing. I understand that failing to comply with these rules and precautions is a violation of University policies and that failing to comply could subject me to sanctions up to and including the termination of my participation in any classes / lesson at the MCA.

I agree that if I am exhibiting symptoms of COVID-19, I will isolate and self-quarantine until all of the following have occurred:

- At least 24 hours have passed with no fever without fever-reducing medications, AND,
- At least 10 days have passed *since symptoms first appeared*; AND
- The student feels better meaning, any cough, shortness of breath or other symptoms are better.

In the event the University's rules require me to self-quarantine because of symptoms, or I otherwise determine based on my own judgment or that of a medical professional to self-quarantine, I will notify Jamie Schwaba, Managing Director of the Minnesota Conservatory of the Arts at 507-453-5501 or jschwaba@smumn.edu.

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 risks of exposure at the MCA to those who may be infected with COVID-19. I voluntarily assume the risk that I may be exposed to or infected by COVID-19 by returning to the classes/ lessons at the MCA and that such exposure or infection may result in personal injury, illness, permanent disability, and/or even death.

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 MCA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, University trustees, employees, agents, contractors, volunteers, and students. I acknowledge that the MCA is an open building, which limits the University's ability to control students and visitors. I recognize that the University 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 classes / lessons at the MCA and to make an informed assumption of those risks.

By signing this agreement, I also acknowledge that I am required to wear a face mask at all times when at the MCA. I further acknowledge that I am required to maintain appropriate social distancing while at the MCA. I understand that the use of a face mask does not remove all risks of illness, nor does it make it inherently safe to return to the MCA. I alone have to determine the sufficiency of any precautions that I decide to take to minimize the risks of returning to the MCA. No party related to University, including any officer, employee, agent, volunteer, or student, has made any representations to me regarding the safety of, or the risks of, returning to the MCA that I have relied on. I have relied instead on my own judgment as to whether to undertake the risks.

I voluntarily assume full responsibility for any and all risks of illness or injury associated with my exposure to COVID-19. I completely absolve the University, its trustees, officers, employees, agents, and contractors from any and all legal or financial responsibility, including, but not limited to, any personal injury, disability,

illness, damage or death from exposure to COVID-19, whether such exposure occurs before, during or after my return to classes / lesson at the MCA.

Also, I agree, on behalf of myself, my personal representatives and heirs, not to make any type of legal or equitable claim on University, or any of its trustees, officers, employees, agents or contractors with respect to any exposure I may have to COVID-19, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with the University, including fellow students. I further agree that if any such claim is made, I will indemnify and defend University with respect to any such claim.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. THIS AGREEMENT SHALL BE BINDING UPON ME AND MY HEIRS, LEGAL REPRESENTATIVES, AND ASSIGNS, AND SHALL INURE TO THE BENEFIT OF THE UNIVERSITY AND ITS SUCCESSORS AND ASSIGNS.

My signature below indicates that I am at least eighteen years of age and that I have read and understand the above statements and intend to be bound legally by its terms.

STUDENT:

DATE:

IF STUDENT IS UNDER THE AGE OF 18,

STUDENT'S PARENT OR LEGAL GUARDIAN SIGNATURE:

DATE: