



Date: \_\_\_\_\_

Name: \_\_\_\_\_

**RE: COVID-19 Graduation 2020**

I affirm that the following statements are true:

- I have not been diagnosed with COVID-19 or, if I have been diagnosed with COVID-19, I am permitted to discontinue isolation per guidelines from the Centers for Disease Control and Prevention (“CDC”) and/or my treating physician.
- I am not currently exhibiting any COVID-19 symptoms, and I have not exhibited any COVID-19 symptoms in the last 14 days, including cough, shortness of breath/difficulty breathing, headache, fever, chills, muscle pain, sore throat, loss of taste or smell, nausea, vomiting, or diarrhea.
- No one in my household is currently exhibiting COVID-19 symptoms, and no one in my household has exhibited COVID-19 symptoms in the last 14 days, including cough, shortness of breath/difficulty breathing, fever, chills, headache, muscle pain, sore throat, loss of taste or smell, nausea, vomiting, or diarrhea.
- I do not currently have a fever over 100.0 degrees Fahrenheit.
- No persons in my household have tested positive for COVID-19 or anyone in my household who has tested positive for COVID-19 may discontinue isolation per guidelines from the CDC and/or their treating physician.
- In the last 14 days, I have not been in close contact (less than 6 feet) with anyone that has tested positive for COVID -19.
- There is no other reason to believe that I have COVID-19 or been exposed to COVID-19.

Please sign below to affirm that all of the above statements are true. Anyone who cannot affirm that all the above statements are true must leave the campus immediately.

Signature: \_\_\_\_\_

**NOTE:** The CDC has cautioned that older adults (65+ years old) and people of any age who have serious underlying medical conditions might be at risk for severe illness from COVID-19. For additional information, please visit the CDC website and/or contact your physician.

## GRADUATION PARTICIPANT WAIVER AND RELEASE OF LIABILITY

PARTICIPANT NAME: \_\_\_\_\_

Participant Parent/Guardian Name (if Participant < 18): \_\_\_\_\_

I, Participant (or if Participant is under 18 years old, Participant’s parent or other legally responsible adult, on Participant’s behalf), have volunteered to participate in the Ursuline Academy 2020 Graduation (the “Graduation”) as part of my support of Ursuline Academy (“School”) and its students. I am 18 years of age or older, of sound mind, and understand and agree to the terms of this Waiver and Release of Liability (the “Release”). I have been afforded the opportunity to review the contents of this Release with an attorney of my choosing if I believed it was necessary to do so, and am under no legal obligation whatsoever to participate in the Graduation. I am free to decline, now or in the future, to engage in the Graduation.

I understand and acknowledge that participation in the Graduation may expose me to contact with one or more persons or objects that have been infected with, and/or exposed to, the virus commonly known as COVID-19 or the coronavirus (the “Virus”). I understand that, as a result, my participation in the Graduation may expose me to a risk of exposure to or infection with the Virus. I understand that medical research regarding the potential for infection with and harm caused by the Virus are ongoing, and that no widely-accepted vaccine against or cure for the Virus is currently available.

As a result, I understand that the potential risks associated with exposure to or infection with the Virus are not fully known, but may include significant and serious illness, bodily injury, disfigurement, temporary or permanent disability, and/or death. I understand that personal protective equipment (“PPE”) to reduce the chances of exposure to or infection with the Virus may not be readily available for my participation in the Graduation, and that the use of PPE may not fully protect against or mitigate the risks posed by the Graduation. I understand and agree that School may not, and is under no legal duty to, provide me with any PPE.

Nevertheless, having considered the risks of participation in the Graduation, including those outlined in this Release, I have determined that I desire to participate in the Graduation, of my own free will and out of my voluntary desire to support the School and its students. Accordingly, for good and valuable consideration, including without limitation the opportunity to participate in the Graduation, I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THE GRADUATION, INCLUDING WITHOUT LIMITATION THE RISK THAT I MAY BE EXPOSED TO OR BECOME INFECTED WITH THE VIRUS. I HEREBY, FOR MYSELF AND MY HEIRS, SUCCESSORS, AND ASSIGNS, AND ALL THOSE CLAIMING BY OR THROUGH ME, WAIVE, RELEASE, AND AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS SCHOOL AND ITS AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, DONORS, AND AFFILIATES (COLLECTIVELY, “INDEMNITEES”) FROM AND AGAINST ANY LIABILITY, LOSS, EXPENSE, OR OTHER DAMAGE—INCLUDING PERSONAL INJURIES, PROPERTY DAMAGE, DEATH, COSTS OF COURT, AND ATTORNEY’S FEES—ARISING FROM OR IN CONNECTION WITH THE GRADUATION, **INCLUDING THOSE WHICH ARISE OR ARE ALLEGED TO ARISE FROM THE NEGLIGENCE OF ANY INDEMNITEE.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Parent/Guardian Signature (if Participant < 18): \_\_\_\_\_