

ERSKINE COLLEGE

WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

I, _____, wish to participate in educational and recreational activities associated with attending Erskine College, including but not limited to engaging in classes, living and/or dining on campus, sports, social and all other official or unofficial activities arising from my attendance and student status, acknowledge and agree to the following:

1. I understand that the risk of infection of COVID 19, while mitigated by social distancing, frequent hand washing, and following recommended guidelines of the Center for Disease Control (CDC), is still possible, and I knowingly and freely assume all such risks, both known and unknown.
2. I represent and certify that as of the date of execution of this document, that now or in the past fourteen (14) days, I have not had a fever, cough, difficulty breathing, sore throat, loss of taste or smell, vomiting or diarrhea, or any other symptoms that may be related to COVID-19.
3. I represent and certify that I have not been in contact with anyone known to be infected with COVID-19 in the previous fourteen (14) days.
4. I acknowledge that I am encouraged to wear a mask or similar face covering to reduce the risk of contracting COVID-19 or spreading it to others.
5. I acknowledge that Erskine College is engaging in enhanced cleaning and sanitation measures in an effort to reduce the risks associated with COVID-19 in the campus environment. I agree to take extra precautions to reduce the risks of spreading or contracting COVID-19. Such precautions include, but are not limited to, use of masks, social distancing, and frequent handwashing and use of hand sanitizer.
6. I agree to follow all posted guidelines and protocols required by Erskine College, which include but are not limited to the following related to COVID-19: social distancing, sanitization and cleanliness, and health monitoring. I agree and assume all risks associated with failing to follow posted guidelines or protocols required by Erskine College.
7. I agree to self-monitor my temperature and overall health on a regular basis, and to inform an Erskine College official immediately if my status changes as to any of the symptoms listed above or any other symptoms of COVID-19.
8. If I contract COVID-19, I will follow the instructions of Erskine College in partnership with the guidance provided by CDC and/or local health agencies regarding isolation, quarantine and contact tracing.

9. I voluntarily assume any and all risks related to COVID-19 that arise from my attendance and participation in activities at Erskine College.
10. I understand that I am responsible for obtaining and maintaining any health insurance I deem reasonable or necessary to provide for any care needed before, during or after my attendance at Erskine College. I understand and agree that if, during my attendance at Erskine College, I learn that I am experiencing health problems, have suffered an injury, or am otherwise in a situation that raises health and safety concerns, then Erskine College may contact any person I designate as my emergency contact, or my parent or legal guardian, and may arrange for any emergent medical care deemed reasonably necessary. I further acknowledge that there is a possibility of complications and unforeseen consequences in any medical treatment, and I knowingly and voluntarily agree to assume such risks.
11. In further consideration for my attendance at Erskine College, I assume all the risks and responsibilities associated with such attendance. I agree on behalf of myself, my heirs and assigns, to release, discharge, indemnify, and hold harmless Erskine College, and its officers, agents, employees, and representatives, from any and all liability, claims, demands, and actions that may arise from physical or financial injury or harm to me my death, or from damage to my property in connection with, resulting from, related to, or arising as a result of my attendance at Erskine College. I understand that this release covers liability, claims, demands, and actions, including but not limited to negligence, mistake, or failure to supervise, caused entirely or in part by any act or failure to act of Erskine College, its officers, agents, employees, and representatives.

I certify that I am age 18 or older and authorized to sign this agreement. If I am under 18 my parent or legal guardian is signing and agreeing to all terms in this agreement. By signing below, I certify I have carefully read this agreement. I understand and agree that it is the entire agreement and it may not be modified except in writing signed by Erskine College and me, and it is binding on me, my heirs, personal representatives, successors, and assigns. Any legal action regarding this Agreement must be filed in the State of South Carolina and be interpreted under the laws of South Carolina.

Name of Student: _____

Student Signature: _____

Parent or Legal Guardian Signature: _____
(if Student is under 18 years of age)

Date: _____

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____
Telephone (home) _____ Telephone (cell) _____