

# The University of Mississippi

## COVID-19 Compliance, Liability Waiver, and Assumption of the Risk Addendum

The novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. COVID-19's highly contagious nature means that contact with others, or contact with surfaces that have been exposed to the virus, 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.

I understand that in accordance with current Center for Disease Control guidance, it is highly recommended that all persons continue to wear face masks in situations where social distancing is not possible indoors, and that getting vaccinated is strongly encourage. I agree that if I am exhibiting symptoms or if, to my knowledge, I have been in contact with anyone diagnosed with COVID-19 or is exhibiting symptoms of respiratory illness, loss of taste or smell, a fever of 100.4°F or higher, or signs of a fever within the last 5 days, I will not participate in the Hospitality Internship Program ("Program") until I have completed self-quarantining or isolation as directed by a health care provider.

By signing up to participate in the Program, 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 in a social setting to those who may be infected with COVID-19. I knowingly and voluntarily assume the risk that I may be exposed to or infected with COVID-19 by participating in the Program. I knowingly and voluntarily waive and release UM from all present and future claims of any type for any harm or loss, including economic loss, personal injury, death, or property damage suffered by me and arising out of my participation in the Program. I agree to indemnify, hold harmless, and covenant not to sue UM for any damages, personal injury, death, medical expenses, disability, lost wages, loss of capacity, property damage, court costs, attorney's fees, or any other loss of any kind.

I acknowledge that I have asked for and/or been given any information that I may need to determine the risks associated with participating in the Program, and to make an informed assumption of those risks. **Aware of the foregoing, I am knowingly and voluntarily participating in the Program.**

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 THEIR SUCCESSORS AND ASSIGNS.

My signature below indicates that I have read and understand the above statements and intend to be bound legally by its terms.

STUDENT:

DATE:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DATE:

IF STUDENT IS UNDER THE AGE OF 18, STUDENT'S PARENT OR  
LEGAL GUARDIAN:

DATE:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
Relationship to Student