

## ASSUMPTION OF RISK, RELEASE, AND INDEMNIFICATION AGREEMENT

COVID-19 was declared a worldwide pandemic by the World Health Organization in March of 2020 and poses a serious public health risk. While measures are being taken to minimize the risk of spreading the disease, Rider University (the "University") cannot guarantee that you will not become exposed or infected while visiting its campus and facilities and interacting with staff, employees, students, and guests. Visiting Rider University's campus and facilities could increase your risk of being exposed to the coronavirus and contracting COVID-19. Rider strongly encourages any person visiting campus to be "Fully Vaccinated" (at least two (2) weeks after having received the second dose in a two-dose series or two (2) weeks after receiving a single dose vaccine), and to have received a COVID-19 booster.

In light of the foregoing and in consideration of being permitted onto Rider University's campus and/or into its facilities, I, the undersigned, understand, acknowledge and agree to the following:

1. **ASSUMPTION OF RISK.** I am aware of the contagious nature of the coronavirus and the serious and life-threatening disease it causes (COVID-19), and I hereby voluntarily assume the risk that I may be exposed to or infected by the coronavirus by visiting the University and that such exposure or infection may result in my developing COVID-19, causing injury, illness, damage, disease, disability, or death (collectively, "**Harm**"). I understand that the risk of Harm may or may not result from the actions, omissions, or negligence of myself and others including, but not limited to, University employees, officers, trustees, volunteers, contractors, students, and guests. I accept sole responsibility for any Harm that I or any of my family members may suffer or incur as a result of or in any way related to my visit to the University.
2. **COVID-19 & GENERAL RELEASE AND WAIVER OF LIABILITY.** On behalf of myself, my heirs, successors, executors, administrators and assigns, I do hereby voluntarily release, forever discharge, covenant not to sue and agree to indemnify and hold harmless, Rider University and its trustees, officers, employees, volunteers, representatives, and agents (collectively "**Releasees**"), from and against any and all claims, costs, damages, demands, expenses (including reasonable attorneys' fees), liabilities, or losses of any kind or nature whatsoever, whether or not arising from the negligence of the Releasees, which I may have or which may subsequently accrue to me as a result of my visit to the University's campus.
3. **REPRESENTATIONS.** I represent that, to the best of my knowledge, I have not: (a) tested positive for COVID-19 within the last ten (10) days; or (b) presented symptoms of COVID-19 within the last ten (10) days. I understand that symptoms of COVID-19 may include, but are not limited to: fever; congestion or runny nose, fatigue; cough; shortness of breath or difficulty breathing; sore throat; chills; muscle or body aches; and/or sudden loss of taste or smell. I agree not come to campus if I have symptoms of COVID-19. I agree not to come to campus if I am not Fully Vaccinated or have not received a COVID-19 booster and have been exposed to someone who is COVID-19 positive within the last five (5) days. I

agree not to come to campus following completion of CDC-based isolation or quarantine without wearing a well-fitting mask when around others for at least five (5) days. I further represent that I will abide by CDC and NJ State, interstate and/or international travel advisories.

4. CHANGE IN CONDITION. I further agree that if, at any point in the fourteen (14) days following my presence on the University's campus, any of the representations I make in Section 3 above are no longer true, I shall promptly inform Chris Botti, the University's lead contact tracer, at [covidtesting@rider.edu](mailto:covidtesting@rider.edu).
5. RULES & REGULATIONS. I agree (a) to familiarize myself with the COVID-19 rules and policies of Rider University available on its website, (b) to follow all University rules now in effect and as the University may change them from time to time in its discretion, and (c) to comply at all times with the instructions of University staff/management while present on the University's campus.

**I HAVE READ THIS ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I SIGN IT FREELY AND VOLUNTARILY.**

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Name (printed)

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Date

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Signature\*

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Parent or Guardian (printed) (if under 18)\*

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Parent or Guardian Signature (if under 18)

\* If you are submitting this form electronically with a typed name on the Name (printed) line, you understand that you have freely and voluntarily executed this document and that your typed signature constitutes a legally-binding signature.