The University of Mississippi

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

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 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 the research investigator, Click or tap here to enter text., has put in place safety procedures in order to mitigate the spread of COVID-19, which may be updated at any time, in accordance with University policies and procedures. I understand that these procedures may or may not be effective in mitigating the spread of COVID-19. I agree to comply with all safety procedures, which may include, but are not limited to, symptom screening, mask wearing, hand washing, hand sanitizing, and social distancing. I understand that failing to comply with these procedures may result in my being removed from the study.

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, a fever of 100.4ºF or higher, or signs of a fever within the last 14 days, I will notify the research investigator. I understand that I may be asked to withdraw from the study if I am exhibiting any of the symptoms mentioned previously or for my failure to report such symptoms to the research investigator.

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 in the research 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 volunteering to participate in this research and that such exposure or infection, as well as the use of any protective equipment, including face masks, provided to me, may result in personal injury, illness, permanent disability, and/or even death. 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 this research. 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 volunteering to participate in this research and to make an informed assumption of those risks. **Aware of the foregoing, I am knowingly and voluntarily participating in this research.**

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 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.

PARTICIPANT SIGNATURE DATE:

RESEARCHER SIGNATURE DATE: