COVID-19 Off Campus Experience Protocol and Release, Assumption of Risk and Indemnification Agreement Otterbein University

Please read carefully, sign, and return this COVID-19 Off Campus Experience Protocol and Release, Assumption of Risk and Indemnification Agreement (the "Release") to **your faculty advisor.** ALL participants MUST read and sign the Release **prior to beginning off campus experiences.**

Name:				
	Last	First	Middle	
Address:				No.
	Street	City	State	Zip

COVID-19 Protocol:

I understand that the health and safety of students is a top priority of the University. Therefore, I acknowledge and understand the following procedures and protocol will be in effect for off campus experiences. I also acknowledge that guidelines related to COVID-19 may change at any point and these protocols may be revised as needed.

- 1. To prevent the spread of COVID-19, students will be encouraged to complete virtual/remote experiences.
- 2. Accommodations will be made for students who fall within the Centers for Disease Control's (the "CDC") risk populations but are required to complete an off campus experience as a part of the student's degree program. Accommodations should be made if a student is not comfortable completing an on-site experience and is unable to secure a virtual/remote opportunity.
- 3. Students may complete an on-site experience if an employer is willing to allow a student on-site. Students must receive approval from the program/academic unit prior to accepting the opportunity.
- 4. If the off campus site transitions to virtual operations at any time during the experience, the student will complete the experience remotely.
- 5. If a student becomes uncomfortable participating in the on-site experience, the student should contact their faculty advisor immediately.
- 6. Students must agree to adhere to current state and local COVID-19 directives and CDC guidelines, including the wearing of personal protective equipment, such as a facial covering, and all other health and safety protocols.
- 7. Students are required to complete daily COVID-19 self-assessments. Students who experience symptoms or have knowingly been in contact with anyone who has COVID-19 should notify their faculty advisor as well as follow the University's COVID-19 reporting process.

I acknowledge that participation in an off campus experience may involve the risk of illness, personal injury and/or property damage or loss. By my signature below, I hereby acknowledge these risks, voluntarily accept all such risks, and request for myself (or the above-named person if a minor) permission to participate in the off campus experience.

In signing this Release, I agree that in exchange for my participation in an off campus experience, I knowingly waive all claims and causes of action, which may arise out of participation in such programs. For myself, and my heirs, executors, administrators and assigns, I release and agree to indemnify and hold harmless Otterbein University, and each of its respective Boards, officers, employees, sponsors, organizers, other aides and assistants, and any other persons relating to such events, from all liability or responsibility for any damage, illness, injury, or loss of any kind whatsoever which I may ever have against said persons or entities and which illness, injury, damage, or loss is caused by the participant's or any third-party's negligence, breach of contract, strict liability or otherwise, including the participant's decision at any time without notice to terminate

participation in and depart from the program.

I further acknowledge that I have (or the above-named person if a minor has) no physical limitation, conditions or disabilities of any kind whatsoever that would unreasonably increase the participant's personal risk or inhibit the participant's ability to participate in such off campus experiences.

I agree that I have read, understand and will adhere to all **safety guidelines and protocol related** to COVID-19 established by both Otterbein University as well as by the off campus site location where I will be serving/working. I agree that I will conduct the required self-assessment and will follow the reporting process should I become ill or symptomatic or if I have been in contact with someone who has COVID-19.

I expressly acknowledge that this Release, Assumption of Risk and Indemnification Agreement is intende
to be as broad and inclusive as permitted by laws of the State of Ohio, and that if any portion thereof is hel
invalid, it is my intention that the balance shall, notwithstanding, continue in full legal force and effect, that
the terms of the Release are contractual and not a mere recital.

Date	Signature of Participant	
Date	Signature of Parent if Participant is a minor	