ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY

I understand and acknowledge that COVID-19 is a global pandemic. On March 13, 2020, the President of the United States declared that the outbreak of COVID-19 in the United States constitutes a national emergency. The Governor of the State of Mississippi also declared a State of Emergency in the State of Mississippi because of COVID-19. I understand and acknowledge that COVID-19 is a public health risk, and the University of Mississippi cannot guarantee my safety or immunity from infection. There is no known vaccination for COVID-19. The mode by which COVID-19 is transmitted or how long it remains on surfaces is not entirely known. With full appreciation of these facts, I voluntarily agree to participate in the practicum/internship. In consideration for my participation, I knowingly and voluntarily assume all risks associated with my practicum/internship, including but not limited to, the risk of illness, death, bodily injury, disability, or exposure or infection with COVID-19. With full understanding of the aforementioned risks, I knowingly and voluntarily waive and release the University from all present and future claims of any type for any harm or loss, including but not limited to, economic loss, personal injury, disease, death, or property damage suffered by me during my practicum/internship. I agree to indemnify, hold harmless, and covenant not to sue the University for any personal injury, death, medical expenses, disability, loss of capacity, property damage, court costs, attorney’s fees, or other loss arising out of my practicum/internship. By my signature below, I certify that have read and fully understand this waiver and release and understand that it affects my legal rights. I understand and acknowledge that this waiver and release shall be binding on me, my heirs, family, estate, representatives, and assigns.

Student’s Name: ____________________________ Date: ____________________________