

**COVID-19 VISITOR ACKNOWLEDGEMENT AND
ASSUMPTION OF INHERENT RISKS, WAIVER AND RELEASE**

I wish to access the property and/or facilities of Carnegie Mellon University for the purpose of interacting with Carnegie Mellon personnel, conducting collaborative research, engaging in academic study, participating in a program or activity, and/or discharging my duties as an employee of another entity (collectively referred to as Visit or Visits).

I understand that COVID-19 is a highly infectious disease and, despite the availability of COVID-19 vaccines, there is currently no cure for COVID-19. According to the CDC and public health officials, COVID-19 spreads by interpersonal contact. I understand my Visit(s) to Carnegie Mellon may expose me to both known and unknown risks including, but not limited to, the risk of contracting COVID-19 or some other disease, and attendant complications, including hospitalization or death. I understand the pandemic health and safety compliance plans adopted by the university are intended to mitigate the spread of COVID-19. However, these rules and precautions may or may not be effective in mitigating the spread of COVID-19. Thus, I further understand that Carnegie Mellon has no ability to guarantee or completely control the condition of the campus or related facilities that I may access, including but not limited to the behavior of myself or others who I may come into contact during my Visit(s).

Being aware of the foregoing, I voluntarily assume all risks of illness or injury as a result of exposure to COVID-19 or other illnesses that I may contract during my Visit(s) to the extent permitted by law. In consideration of the opportunity to Visit Carnegie Mellon property and facilities, to the extent permitted by law, **I will make no claim against Carnegie Mellon University, and hereby release, waive, discharge, hold harmless and indemnify, on behalf of myself, my personal representatives and my heirs, Carnegie Mellon University and its officers, directors, agents, and employees for any and all claims and causes of action for any injury or loss, or for damages, costs, expenses or compensation that may occur during or as a result of my Visit(s), whether arising through the negligence, omission, default or other action of any person or event associated with the University or otherwise.** Notwithstanding the foregoing, I understand that nothing in this Acknowledgement shall conflict with any applicable workers compensation laws or any obligations under the Occupational Safety and Health Administration.

I, the undersigned, have read and understand the above information. Intending to be legally bound, I hereby acknowledge and agree to all statements contained in this Acknowledgement and Assumption of Inherent Risks, Waiver and Release. **I am an adult (18 years of age or older) OR I am under 18 years old and my parent/guardian is co-signing this document below.**

Visitor Signature

Date

Visitor Name

IF VISITOR IS UNDER 18 YEARS OF AGE, THE VISITOR'S PARENT/GUARDIAN MUST CO-SIGN BELOW:

I warrant and represent that I am the parent/guardian of the minor visitor identified above. I, the undersigned, have read and understand the above information. Intending to be legally bound, I hereby acknowledge and agree to all statements contained in this Acknowledgement and Assumption of Inherent Risks, Waiver and Release on behalf of my minor son/daughter.

Parent/ Guardian Signature

Parent/Guardian Name