

# Allegany College of Maryland

## COVID-19 CONSENT & WAIVER AGREEMENT

### HIGH EXPOSURE ACTIVITIES

#### PURPOSE:

*Due to global, national, and local public health concerns, Allegany College of Maryland (hereinafter "Allegany") recognizes that some of its activities, services programs, learning experiences, and recreation (hereinafter collectively referred to as "activities") inevitably present a higher risk of transmission of contagious illnesses because of proximity to others, travel, and/or the inherent risk of the activity itself. Students who participate in high exposure activities risk infection for illnesses such as Covid-19. Before participating, it is important for each student to know the risks, to be aware of safety precautions, to agree to comply with institutional standards/directives, and to make an informed decision whether to participate. Allegany is not liable for the student's choice whether to participate in these activities.*

#### COVID-19 INFORMATION

COVID-19 is a disease caused by a respiratory virus first identified in Wuhan, Hubei Province, China in December 2019. COVID-19 is a new virus that hasn't caused illness in humans before. Worldwide, COVID-19 has resulted in thousands of infections, causing illness and in some cases death. Cases have spread to countries throughout the world, with more cases reported daily.

COVID-19 is thought to be able to spread like the cold or flu through:

- Coughing and sneezing, which creates respiratory droplets
- Close personal contact, such as touching or shaking hands
- Touching an object or surface with the virus on it

Symptoms of COVID-19 include:

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| <ul style="list-style-type: none"> <li>• Fever</li> <li>• Coughing</li> <li>• Shortness of breath or difficulty breathing</li> <li>• Chills or repeated shaking with chills</li> <li>• Muscle pain</li> </ul> | <ul style="list-style-type: none"> <li>• Headache</li> <li>• Sore throat</li> <li>• New loss of taste or smell</li> <li>• In more severe cases, pneumonia (infection in the lungs)</li> </ul> |
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The vast majority of people recover from this infection. Most people will have mild or moderate symptoms. Older people and those with pre-existing medical conditions have a greater risk for more serious illness.

Source: <https://coronavirus.maryland.gov/>

All students should familiarize themselves with the transmission, symptoms, treatment of Covid-19. Detailed information is on our website: <https://www.allegany.edu/coronavirus/index.html> with links to local, state, and national resources. The CDC is a primary source for everyone: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

#### SAFETY PRECAUTIONS

##### Students

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| <ul style="list-style-type: none"> <li>• Wash your hands frequently<br/><small>20 seconds, with soap and water</small></li> <li>• Sanitize materials and equipment<br/><small>before and after use.</small></li> <li>• Do not touch your face.</li> <li>• Wear a face covering.</li> <li>• Social Distancing (6 feet)<br/><small>Exceptions permitted for labs, clinicals, experiential learning</small></li> <li>• Groups &lt;10 or as advised by public health officials</li> <li>• Wear PPE as directed<br/><small>Obtain PPE if your activity does not provide it</small></li> </ul> | <ul style="list-style-type: none"> <li>• Stay at home if sick or if you have symptoms</li> <li>• Stay at home if you have been exposed</li> <li>• Self-isolate or quarantine as directed by health official(s)</li> <li>• Report exposure as required by health officials and/or clinical/site placement</li> <li>• Follow other precautions/directives</li> <li>• Report unsafe conditions to the activity supervisor</li> </ul> |
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##### Allegany

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| <ul style="list-style-type: none"> <li>• Comply with local/state/federal public health directives</li> <li>• Comply with state executive orders</li> <li>• Create and follow a health/safety plan for Covid-19<br/><small>with modifications as necessary for changing circumstances</small></li> <li>• Promptly address unsafe conditions</li> </ul> | <ul style="list-style-type: none"> <li>• Sanitize surfaces, materials, and equipment</li> <li>• Facilitate social distancing and group limits</li> <li>• Provide guidance and directives as necessary</li> <li>• Urge all Allegany partners, off-campus sites to similarly implement prevention/mitigation strategies</li> </ul> |
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**HIGH EXPOSURE ACTIVITY BEING CONSIDERED BY STUDENT**

\*One form must be completed for each activity

- Allied Health Program clinical, practicum, or fieldwork (specify program): \_\_\_\_\_  
(labs, competency check-offs, off-campus sites)
- Education Program field experience: \_\_\_\_\_
- Hospitality Program internship/practicum: \_\_\_\_\_
- Science program laboratory: (specify program) \_\_\_\_\_
- Other program clinical/practicum: (specify program) \_\_\_\_\_
- Athletics / Team sport (specify sport): \_\_\_\_\_
- Nurse Managed Wellness Center clinical/practicum \_\_\_\_\_
- Co-curricular experience w/travel (specify) \_\_\_\_\_
- Extra-curricular experience w/travel (specify) \_\_\_\_\_
- Willowbrook Woods \_\_\_\_\_
- Other (specify): \_\_\_\_\_

**STUDENT CERTIFICATION:**

I have read this document and have been given the opportunity to answer questions about my participation in high exposure activity – including any affect my choice not to participate may have on my educational experience at Allegany College of Maryland. I understand the information that has been provided.

I understand that it is my responsibility to consult a qualified health care provider about this information and about my ability to participate in the activity. If I am unable to fully participate in this activity for medically necessary reasons, I understand it is my responsibility to supply documentation from a qualified health care provider *if required*. If I choose to participate without consulting a qualified health care provider or against the provider's advice, I understand that I am assuming any risk knowingly and voluntarily.

I agree to comply fully with the safety precautions listed above, College policies/procedures, and any new precautions or directives that may be issued by ACM, site supervisors, health officials, and/or local/state/federal authorities.

If I choose to participate but then have a change in circumstances or otherwise determine it is in my best interests to participate no longer, it is my responsibility to promptly notify the activity supervisor in writing. Additional documentation or paperwork may be required depending upon the activity. Likewise, I may choose not to participate now but may have the opportunity to participate later.

In consideration for the opportunity to participate in the activity I agree and will not hold Allegany or its agents financially responsible and I release Allegany from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, or injury, including death, that may be sustained by me, arising from the COVID-19, excepting those claims arising from the gross negligence or willful misconduct of Allegany. I agree to indemnify and hold harmless Allegany from and against any loss, liability, damage or costs, including court costs and attorneys' fees, that the Allegany may incur arising from my participation (including travel to/from the activity) and contracting COVID-19, excepting those claims arising from the gross negligence or willful misconduct of Allegany. I agree that the laws of Maryland will govern the interpretation and enforcement of this document including all rights and obligations arising from or relating to this document without regard to conflict of law principles and regardless of where the activity occurs.

Allegany College of Maryland reserves the right to remove me from a course/program if my health/safety or the health/safety of others is endangered.

» Choose one option and sign below:

**I voluntarily choose to participate in the activity:**

Student Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent signature if student is under 18 years of age: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**I voluntarily choose NOT to participate in the activity:**

Student Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_