

COVID-19 AND EXPSOURE TO AND/OR ILLNESS FROM OTHER INFECTIOUS DISEASES:

I understand that my presence on the campus of Colorado Mesa University (“CMU”) and/or participation in any CMU program or activity, whether on or off campus, includes possible exposure to and illness from infectious diseases including, but not limited to: COVID-19, influenza, and MRSA. CMU has adopted health and safety policies in accordance with recommendations of state and local health authorities, a copy of which has been made available to me. I understand that while these policies and my compliance therewith may reduce risk, I acknowledge that the risk of possible exposure and illness nevertheless exists and may result in serious illness or death. I KNOWINGLY AND FREELY ASSUME SUCH RISKS, both known and unknown to the extent legally permissible, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume responsibility for my participation, whether it be from exposure to illness or any other harm to my person or property related to my presence on the CMU campus and/or participation in any CMU program or activity. I willingly agree to comply with the health and safety polices with regard to protection against infectious diseases. If I observe any significant hazard during my presence or participation, I will immediately bring such to the attention of a CMU employee.

I HEREBY WAIVE CLAIMS I MAY HAVE AS A RESULT OF MY PRESENCE ON THE CMU CAMPUS AND/OR AS A RESULT OF PARTICIPATION IN ANY CMU PROGRAM OR ACTIVITY I HEREBY AGREE TO HOLD HARMLESS THE STATE OF COLORADO, COLORADO MESA UNIVERSITY AND ITS CORPERATE EDUCATION CENTER, AND ALL OF THE OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, AND EMPLOYEES OF THE FOREGOING ENTITIES

This waiver does not cover intentional or reckless conduct on the part of CMU, or other conduct not waivable under the law.

By signing below, you agree to the above statements.

Signature: _____

Printed Name: _____

Date: _____

CMU 700#: _____