ACKNOWLEDGEMENT OF RISKS AND RESPONSIBILITIES FOR VISITORS TO RANDOLPH-MACON COLLEGE DURING THE COVID-19 PANDEMIC

<u>PLEASE READ CAREFULLY.</u> THIS DOCUMENT PROVIDES THE TERMS AND CONDITIONS UNDER WHICH YOU WILL BE INVITED ONTO THE CAMPUS OF RANDOLPH-MACON COLLEGE AS A VISITOR.

<u>Purpose</u>: This Acknowledgement of Risks Agreement ("Agreement") is intended to allow individuals to visit Randolph-Macon College ("RMC") while mitigating the risks associated with the spread of the COVID-19 virus in the Commonwealth of Virginia, the United States of America, and throughout the world. The Commonwealth of Virginia, like many other states, declared a state of emergency as a result of the COVID-19 pandemic, and RMC has been closed to the public since March 13, 2020. As it seeks to open its campus to visitors in accordance with guidelines promulgated by federal, state and local authorities, RMC is dedicated to maintaining the safety and welfare of those who visit RMC by taking steps to reduce the risk of viral transmission. Accordingly, RMC requires all visitors to the College to review and execute this agreement as a condition of their invitation onto the RMC campus.

Compliance with Rules: I agree to comply with all rules, requirements, requests, and expectations that may be imposed by RMC to reduce the risks associated with infectious diseases such as COVID-19. These may include, but are not limited to, maintaining safe distance from others present on the RMC campus, wearing a suitable face covering, adhering to signage or instructions prohibiting entry into certain buildings or areas of the RMC campus, submitting to temperature checks, and/or other measures designed to curb the spread of COVID-19.

Representations: As a condition of my entry onto the RMC campus, I affirm the following to be true:

- I am not experiencing any symptoms of COVID-19, nor have I experienced such symptoms within the last two weeks. Symptoms include, but are not necessarily limited to: coughing, fever, chills, muscle pain, shortness of breath, sore throat, loss of smell or taste.
- I have not tested positive for, or been diagnosed by a medical professional with, COVID-19 within the last two weeks.
- I do not have a fever (defined as a body temperature exceeding 100.4 degrees Fahrenheit).
- Within the last two weeks, I have not knowingly been exposed to anyone who has tested positive for, or been diagnosed by a medical professional with, COVID-19.

Acknowledgment of Risks: I acknowledge the risks associated with infectious diseases in general and COVID-19 in particular. I am aware that, while visiting RMC, I may be exposed to COVID-19 and such exposure may lead to my contracting the virus. I further acknowledge that COVID-19 affects people differently, and that contraction of the disease may lead to severe illness, hospitalization, and even death. I also acknowledge that, despite its efforts to reduce the risks associated with COVID-19, RMC cannot guarantee that I will not be exposed to COVID-19 while on the RMC campus. Accordingly, I knowingly and freely assume all risks, including but not limited to the risk of bodily injury, illness, or death, associated with COVID-19 as a result of my visit to RMC and my presence on the RMC campus.

<u>Voluntary Execution</u>: I have carefully read this Agreement, fully understand its terms and conditions, understand that the terms and conditions are contractual and not a mere recital, that my execution of this Agreement is consideration for and a prerequisite to my access to the campus at RMC, and I sign this Agreement freely and voluntarily as my own free act without inducement.

PARTICIPANT INFORMATION

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PARTICIPANT'S NAME (please print)	Date of Birth (MM-DD-YYYY)
ADDRESS - Street Address/Mailing Address (please print) (City, State Zip Code
EMAIL ADDRESS:	
XSIGNATURE	Date (MM-DD-YYYY) Phone Number
parents or guardians of the minor, I hereby accept the above Acknominor, to visit RMC, and do hereby consent and agree to the agreen	minor, and on the minor's behalf and on my behalf and on behalf of all other wledgement of Risks Agreement as an inducement for allowing my child, or the nent, for myself, my minor child/ward, my heirs, assigns, and next of kin. I have my child and fully understand that such risks cannot be eliminated while my
MINOR PARTICIPANT'S NAME (please print)	Date of Birth (MM-DD-YYYY)
ADDRESS - Street Address/Mailing Address (please print) C	City, State Zip Code
EMAIL ADDRESS:	
X	
PARENT/GUARDIAN'S SIGNATURE	Date (MM-DD-YYYY) Phone Number

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