



### **COVID-19 LIABILITY RELEASE WAIVER FORM**

In connection with the fulfillment of STUDENT's clinical requirement, STUDENT was offered the option of and agreed to (put a checkmark):

- ☐ delay clinical training during the COVID-19 pandemic; or
- ☐ perform clinical training conducted onsite at a health care facility.

STUDENT has voluntarily elected to participate in clinical training conducted onsite at a health care facility (hereinafter referred to as the "ACTIVITY"). STUDENT is free to opt out of ACTIVITY at any time and informs the University of that decision.

### **DISCLOSURES**

In electing the ACTIVITY, the STUDENT has voluntarily selected to participate in clinical training conducted onsite at a health care facility (hereinafter referred to as the "ACTIVITY").

STUDENT is free to opt-out of ACTIVITY at any time and informs the UNIVERSITY of that decision. The term "UNIVERSITY" means and refers to the American University of Kurdistan and its employees/faculty/staff, officers, directors, volunteers, and agents.

STUDENT understands, recognizes, and has taken into account the following:

- The ACTIVITY requires and involves direct contact, including physical contact, with patients or other individuals at the facility.
- Since in or about January 2020, there has existed and continues to exist a global pandemic commonly referred to as the COVID-19 pandemic.
- COVID-19 is highly contagious and capable of widespread person-to-person transmission.
- During the ACTIVITY, the STUDENT may come into direct or close contact with patients or other individuals at the facility who have contracted COVID-19 or who might otherwise be contagious.
- During the ACTIVITY, the STUDENT may be exposed to and/or contract COVID19.
- There is and can be no guarantee that the STUDENT will not be exposed to or contract COVID-19 during the ACTIVITY.



- The American University of Kurdistan/College of Nursing makes no representations and can give no assurances about the degree to which the STUDENT may be exposed to COVID-19 during the ACTIVITY.
- The American University of Kurdistan/College of Nursing makes no representations and can give no assurances about the risk or probability that STUDENT may contract or transmit COVID-19 during the ACTIVITY.

### **ACKNOWLEDGEMENTS**

STUDENT understands the legal consequences of signing this document, including (a) releasing the UNIVERSITY from liability relating to the ACTIVITY and the COVID19 pandemic, (b) promising not to bring claims against the UNIVERSITY relating to the ACTIVITY and the COVID-19 pandemic, (c) and assuming sole responsibility for all COVID-19 pandemic risks relating to, arising out of, or associated with the ACTIVITY.

STUDENT has read and understands this document and is signing it freely and voluntarily. No other representations concerning the legal effect of this document have been made to STUDENT.

STUDENT Signature: \_\_\_\_\_

STUDENT Name (print): \_\_\_\_\_

Date (MM/DD/YEAR): \_\_\_\_\_

*Note: Submit this form to the CoN office. Your registration is not complete until the signed form has been received.*