

COVID-19 ACKNOWLEDGEMENT OF RISK FORM

As a participant in the *Nursing Program* at *Facility Name:* _____ associated with *Thomas Nelson Community College* scheduled from _____ to _____, I accept the following conditions of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including, but not limited to slips and falls, needle pricks, and contracting diseases such as COVID-19, also known as the coronavirus disease.

COVID-19 is a pandemic of respiratory disease that spreads from person-to-person. COVID-19 can cause mild to severe illness; most severe illness occurs in older adults. Nevertheless, people of all ages are at risk of contracting COVID-19, and people with severe chronic medical conditions including, but not limited to, heart disease, lung disease, and diabetes, are at a higher risk of developing serious COVID-19 illness. Additionally, healthcare workers caring for patients with COVID-19 have a higher risk of exposure. I understand that the clinical facility may have patients recovering from COVID-19. I also understand that, at this time, there is no vaccine to protect against COVID-19 and no medications approved to treat it.

Symptoms of COVID-19 include, but are not limited to, fever, cough, and shortness of breath. Reported illnesses may range from very mild (including some with no reported symptoms) to severe, including death. If I feel sick, I agree not to go to the clinical facility and that I will stay home for the period of time recommended by the Centers for Disease Control and Prevention (the "CDC"), which is typically two weeks, but may be longer if I am still symptomatic or contagious. During this period of quarantine, I may leave the house to receive medical attention if necessary.

Additionally, while participating in the program, I agree to take all necessary precautions recommended by the CDC to prevent the spread of COVID-19, including but not limited to, washing my hands thoroughly and often, avoiding gatherings of ten or more people, wearing a mask to cover my mouth and nose, and avoiding public transportation, ride-sharing, or taxis.

I agree to abide by any and all specific requests by the College and the clinical facility for my safety and the safety of others, as well as any and all of the College's and the clinical facility's rules and policies applicable to all activities related to this program. I understand that the College and the clinical facility reserve the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others.

In consideration for being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury or illness which may occur as a result of my participation or arising from my participation in this program, unless any such personal injury or illness is directly due to the negligence of the College and/or the clinical facility. I understand that this Assumption of Risk form will remain in effect during any of my subsequent visits and program-related activities, unless a specific revocation of this document is filed in writing with _____, at which time my visits to or participation in the program will cease.

In case an emergency situation arises, please contact
(name) at _____ (phone number).

To return to your clinical rotations, please return this executed Release to clin_affiliates@sentara.com
Endorsed by the COVID-19 Steering Committee 9/16/2020

I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.

_____ I represent that I am 18 years of age or older and legally capable of entering into this agreement.

Participant's signature

Date

Address

If participant is less than 18 years of age, the following section must be completed:

_____ My child/ward is under 18 years of age and I am hereby providing permission for him/her to participate in this program, and I agree to be responsible for his/her behavior and safety during this event.

Child's Name

Parent's or guardian's signature

Address

Date