

**WICHITA STATE UNIVERSITY
RELEASE, WAIVER, AND AGREEMENT NOT TO SUE
COVID-19 ADDENDUM**

In consideration of being accepted to participate in the Program, I hereby acknowledge the following:

1. As a result of the COVID-19 pandemic, local and national governments are enacting border, travel, and stay-at-home restrictions; and that the trajectory of the virus at the local, national, and international levels is unpredictable.
2. Health care systems in many countries either are overwhelmed or are at risk of becoming overwhelmed by COVID-19 cases.
3. I am aware of the current situation with COVID-19 pandemic and challenges associated with international travel at this time that may include mandatory quarantines, travel restrictions, and closed borders and I realize that the situation may change while I am participating in the Program.
4. I have read and understood, and will continue to monitor, all information on the U.S. State Department website (<http://travel.state.gov>) about the country in which I will be located during the Program, including, without limitation, the U.S. Department of State Consular Information Sheet and the State Department Warning (if applicable). I also have reviewed the U.S. Centers for Disease Control and Prevention health advisory information relating to travel abroad found at <https://wwwnc.cdc.gov/travel>, and any additional information available from the World Health Organization website (<https://www.who.int/>).
5. I understand that all activities I undertake as part of the Program must comply with local/domestic travel restrictions, self-isolation/quarantine requirements, and lockdown orders. I agree to abide by all of these, even if they prevent me from conducting activities that may have been planned as part of the Program.
6. I understand that I am solely responsible for my safety while participating in the Program.
7. In addition to the other risks described in the Release and this Addendum, I recognize that my participation in the Program means I may be subjected to potential risks, illnesses, injuries, and even death as a result either of contracting COVID-19 or of any actions or omissions of governments, private entities or other parties with respect to COVID-19. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly.

By signing this COVID-19 Addendum, I agree that I have made my own independent investigation and judgement of the risks of participating in the Program during COVID-19, I understand these risks, and I assume these risks knowingly, voluntarily, and willingly.

**THIS DOCUMENT IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ IT BEFORE SIGNING.
IF YOU ARE UNDER 18, THIS FORM MUST BE SIGNED BY YOUR PARENT OR GUARDIAN BEFORE PARTICIPATING IN THE PROGRAM.**

I ACKNOWLEDGE AND REPRESENT THAT I HAVE CAREFULLY READ ALL OF THE PROVISIONS IN THIS AGREEMENT AND I AGREE TO BE BOUND BY EACH AND ALL OF THEM, AS INDICATED BY MY SIGNATURE BELOW. NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE PROVISIONS OF THIS WRITTEN AGREEMENT, HAVE BEEN MADE REGARDING THE SUBJECT MATTER HEREIN. IT IS MY EXPRESSED INTENT THAT THIS RELEASE SHALL BIND ME, THE MEMBERS OF MY FAMILY AND SPOUSE, IF I AM ALIVE, AND MY ESTATE, FAMILY, HEIRS, ADMINISTRATORS, PERSONAL REPRESENTATIVES, OR ASSIGNS, IF I AM DECEASED, AND SHALL BE DEEMED AS A LEGALLY BINDING RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE THE RELEASEES.

PARTICIPANT SIGNATURE

DATE

PARTICIPANT PRINTED NAME

PARENT/LEGAL GUARDIAN SIGNATURE (if applicable)

DATE

PARENT/LEGAL GUARDIAN PRINTED NAME