**Attestation and Waiver**

**The University of Minnesota recognizes that, during the COVID-19 pandemic, each of us has a responsibility to protect ourselves and others.**

I therefore attest that

* I have read and understand the University of Minnesota’s safe campus guidelines at z.umn.edu/safecampus, especially those that concern physical distancing, face coverings, and handwashing.
* I have not been in close and prolonged physical contact (within less than 6 feet for at least 15 minutes) with or exposed to the cough or sneeze of an individual who has tested positive for or has been diagnosed with COVID-19 within the last 14 days.
* I have not tested positive for or been diagnosed with COVID-19 within the last 14 days.
* I have not had a fever or felt feverish in the past 72 hours.
* I have not taken any fever-reducing medication to reduce a fever in the past 72 hours.
* I have not had a cough, shortness of breath, sore throat, muscle aches, or any other symptom of COVID-19 (headache, diarrhea, or loss of taste or smell) within the last 72 hours.
* I have not attended any large gatherings (more than 250 people) in the last 14 days.

**I also recognize that coming to the University of Minnesota Twin Cities campus and [participating in activity] (“Activity”) may expose myself and others to the novel coronavirus (COVID-19) and other communicable diseases (“Disease”).**

By participating in the Activity, I and my affiliates (in case that I am coming to campus with or am managing a group) assume the risk, for ourselves and our personal representative, heirs, and next of kin, that we will be exposed to and contract a Disease and, if that were to happen, that we may require hospitalization or other medical treatment and may be temporarily or permanently injured or disabled or may die. We also assume the risk that we could pass the Disease to others who come into contact with us.

By participating in the Activity, I attest that, to my actual knowledge, none of my affiliates are infected with a suspected, diagnosed, or confirmed case of a Disease or are exhibiting symptoms of a Disease, and that my affiliates have adhered to applicable federal Center for Disease Control and Minnesota Department of Health recommendations and will adhere to all University of Minnesota safe campus guidelines.

By signing below, I agree that

I have authority to sign this attestation and waiver on behalf of my group and its affiliates;

I and my affiliates have reviewed the information on this [website](https://safe-campus.umn.edu/public-health-alerts) and will comply with all University of Minnesota expectations for visitors on campus, including the requirement to wear [face coverings](https://safe-campus.umn.edu/return-campus/face-coverings) and to provide the University with a copy of our group’s [sunrise plan](https://safe-campus.umn.edu/sunrise-plan) to obtain approval to come to campus;

I waive negligence and all other claims or demands arising out of participation in the Activity (each a “Liability Claim”);

I and my affiliates forever release the University and its regents, employees, agents, contractors, and volunteers from a Liability Claim; and

I and my affiliates will not sue the University or its regents, employees, agents, contractors, and volunteers to assert a Liability Claim.

Dated:

Signed:

Printed:

Title: