

The individual named below (referred to as "I" or "me") desires to enter the campus ("Campus") of Woodbury University (the "University") as a visitor, donor, or service provider.

1. I am aware of the highly contagious nature of the 2019 novel coronavirus disease (COVID-19) (the "Disease") and the risk that I may be exposed to or contract the Disease by both preventative measures to reduce the spread of the Disease.

University cannot guarantee that I will not become infected with the Disease while on the Campus and that being on the Campus may increase my risk of contracting the Disease. NOTWITHSTANDING THE RISKS ASSOCIATED WITH THE DISEASE, I ACKNOWLEDGE THAT I AM VOLUNTARILY ENTERING THE CAMPUS WITH KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY, DEATH, OR PROPERTY DAMAGE RELATED TO THE DISEASE, ARISING FROM MY BEING ON THE CAMPUS OR ENGAGING IN THE ACTIVITY, WHETHER CAUSED BY THE NEGLIGENCE OF THE UNIVERSITY OR OTHERWISE.

2. I hereby expressly waive and release any and all claims, now known or hereafter known, against the University, and its officers, trustees, employees, agents, affiliates, successors, and assigns (collectively, "Releasees") account of injury, illness, disability, death, or property damage arising out of and attributable to my being on the Campus or engaging in the Activity and being exposed to or contracting the Disease, whether arising out of the negligence of the University or any Releasees or otherwise. I covenant not to make or bring any such claim against the University or any other Releasee, and forever release and discharge the University and all other Releasees from liability under such claims.

3. While on Campus, I will comply with all directives and guidelines related to hand sanitation, social distancing, and use of face coverings. I agree not to enter the Campus if I am experiencing symptoms of the Disease (such as cough, shortness of breath, or fever), have a confirmed or suspected case of the Disease, or have come in contact in the last 14 days with a person who has been confirmed or suspected of having the Disease.

shall inure to the benefit of the University and me and our respective successors and assigns. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the State of California without giving effect to any choice or conflict of law provision or rule (whether of the State of California or any other jurisdiction).

5. BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE UNIVERSITY

Signed:

PrintedName:

Address:

Date: _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent and, by signing below, I hereby do consent to terms and conditions of this Release of Liability.

Signed:

Printed Name of Parent or Legal Guardian:

Address:

Date: _____