

Disclosure, Release and Consent

The United States and countries around the world have been encountering the COVID-19 virus, a highly contagious disease. Details about COVID-19 symptoms, its effects, and protective measures which you can take can be found at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

In consideration of your enrollment at Georgetown College (“College”), you agree that:

- The College does not promise, warrant, or guarantee your safety, or that of your guests against any disease, illness, flu, virus, contagion, or anything similar of the like (all of which are referred to as “Diseases”).
- You have read the CDC information listed above and understand the risk of becoming exposed to COVID-19 and other Diseases which may result from living in a housing facility, attending classes, dining, or engaging in other College activities with others, and you understand and voluntarily agree to assume all of the foregoing risks.
- You (and your undersigned parent or legal guardian, in the case of a minor) agree to indemnify College, and its directors, trustees, agents and employees (“College Agents”) from and against all claims, actions, judgments, damages, liabilities, demands, losses and expenses resulting from or arising out of injury to any person as a result of your failure to follow campus public health guidelines or your transmission of any Disease while you are enrolled at the College.
- You (and your undersigned parent or legal guardian, if applicable) hereby release and forever discharge College and College Agents from any and all demands, claims, causes of action and/or judgments of whatsoever nature of character, past or future, known or unknown, whether in contract or in tort, whether for personal injuries, property damage, or damages of any kind or nature, and whether arising from common law or statute, arising out of, in any way, your contracting any Disease while enrolled as a student at the College.

Additionally, this Disclosure and Release authorizes the release of a student’s COVID-19 related health information to the College in accordance with the Family Educational Rights and Privacy Act and other applicable law.

Consent and Authorization. I hereby authorize the College to collect, use, and disclose of the following COVID-19 related health information:

- the results of any COVID-19 tests I have undergone on or off-campus;
- information related to my possible exposure to those who have tested positive for, or are experiencing symptoms of COVID-19;
- information related to my experiencing symptoms related to COVID-19;
- information related to my daily self-health checks;
- health information I disclose at COVID-19 testing sites; and
- any personal reports related to COVID-19 that I make to any College employee including staff members, faculty, housekeeping, and athletic trainers.

Users of Disclosed Health Information. I understand that my COVID-19 related health information will be shared with and used by College staff and faculty on an as-needed basis to provide care for me or to contact and care for other students, faculty, or staff who may have been in contact with me.

Purpose of Use of Health Information. I understand that the College will use the disclosed COVID-19 related health information for the following purposes:

- to provide care for a student who may be infected or exposed to COVID-19;
- to provide care for faculty members, staff, and the College community in the event there is a COVID-19 case and such parties may have had contact with a student that may be infected or has been exposed to COVID-19;
- to provide information and contact the College community regarding COVID-19 exposure;
- to ensure appropriate measures are taken following a case where a student may be infected or exposed to COVID-19, such as quarantine or isolation protocols;
- to allow housekeeping and janitorial services to implement the appropriate sanitation and cleaning procedures following known cases of COVID-19; and
- to inform faculty, staff, or coaches (without providing specific details) about a student's lack of attendance in a class, practice, or event due to COVID-19.

Authorization Term and Rights. This authorization form will remain in effect for the 2020-2021 academic year.

I hereby affirm that I have read and fully understand the above terms and authorize the use and disclosure of my health information for the purposes and to the extent stated above. If student is under 18 at the time of enrollment, the student's legal guardian/parent must also provide authorization.

This ____ day of _____, 2020.

Printed Student Name: _____

Student's Georgetown ID#: _____

Student Signature: _____

If Student is under 18:

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Relationship to Student (if applicable)