



Covid-19 Acknowledgement

Participant Name: _____

Parent/Guardian Name (if participant is under 18): _____

I acknowledge Georgia College cannot prevent me from becoming exposed to, contracting, or spreading the COVID-19 virus. By attending the activity, I may be exposed to and/or increase our risk of contracting and/or spreading the COVID-19 virus. I understand that while Georgia College has undertaken reasonable steps to lessen the risk of transmission of COVID-19, I am fully aware attending course carries with it certain inherent risks related to COVID-19 transmission (“Inherent Risks”) that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof. Further, I understand that the risks of COVID-19 are not fully understood, and that contact with, or transmission of, COVID-19 may result in risks including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks.

I will adhere to the mandates set forth by the Georgia College and I acknowledge that if I have any symptoms or has received a positive test result, I will not send them to Georgia College. I will immediately notify Continuing and Professional Education prior to missing the program and will follow protocol set forth by Georgia College.

Student Signature (parent or guardian must sign if under 18 years old) **Date**

Parent/Guardian Signature **Date**