

## **LIABILITY WAIVER AND ACKNOWLEDGEMENT OF RISK INTERNSHIP PROGRAMS**

As a member of the College community, and in light of the serious health risks associated with COVID-19, I know that I must take steps to stay well in order to protect myself and others and promote a healthy learning environment. I know that by pursuing my education, including attending classes and/or participating in clinical or internship programs (“educational activities”), I may be exposed to COVID-19 and/or other infectious diseases. I also understand that despite all reasonable precautions taken by the College, I can still contract COVID-19 and/or other infectious diseases while participating in educational activities. In order to reduce my risk of exposure and exposure to other, I agree to be an active participant in maintaining and monitoring my own health, wellbeing and safety by following all procedures and guidelines established by the College, health officials, and/or a clinical or internship facility.

Accordingly, I agree as follows:

- I shall self-monitor for COVID-19 symptoms;<sup>1</sup>
- If I feel sick I will stay home and contact my health care provider;
- I will wear a mask and/or the appropriate PPE in all public spaces, practice social distancing, and frequently wash and/or sanitize my hands;
- I will maintain my personal space, shared common space, and/or my belongings clean and disinfected;
- If I develop COVID-19 symptoms and/or test positive for COVID-19, I shall immediately contact my health care provider and/or my local Department of Health, with notice to the College, and follow all instructions concerning testing, self-quarantining, and close contact tracing; and
- If I come in close contact with a person who has tested positive for COVID-19, I shall immediately contact my health care provider and/or my local Department of Health, with notice to the College, and follow all instructions concerning testing, self-quarantining, and close contact tracing.

I understand COVID-19 is a highly contagious virus and it is possible to develop and contract COVID-19 even if I follow all of the safety precautions recommended by the College, CDC, Massachusetts Department of Public Health, and/or other health officials. I further understand that although the College is following the COVID-19 guidelines issued by the CDC, the Massachusetts Department of Public Health, and other health officials, in order to reduce the spread of infection, I can never be completely shielded from all risk of illness caused by COVID-19 and/or other infections. Therefore, in light of the risks posed by COVID-19, I may wish to consult with my health care provider about my current physical and mental health before participating in the educational activities.

---

<sup>1</sup> Please note that up-to-date COVID-19 symptoms can be found at: <https://www.mass.gov/info-details/frequently-asked-questions-about-covid-19>

On behalf of myself and my family (including legal guardians) I agree to assume all risks associated with contracting COVID-19 while participating in the educational activities and agree to release and discharge from liability and waive any legal action against North Shore Community College, its governing board, officers, agents, and employees, in the event I contract COVID-19, or suffer personal injury or death due to my exposure to COVID-19, while participating in said educational activities.

I have read, understand, and agree to comply with the terms of this document and acknowledge that my ability to participate in the College's educational activities may be negatively impacted if I refuse to sign this document. I execute this document voluntarily and with full knowledge of the commitments I have made herein.

---

Student's name (please print)

---

Student's signature

Date

---

Parent/Guardian's signature if under 18 years old

Date