**RESEARCH ASSUMPTION OF RISK AND LIABILITY RELEASE**

 This is a legally-binding Release made by me, [STUDENT’S NAME], to East Carolina University (ECU) for the period of time between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[TODAY’S DATE] and 10 August 2020, during which time access to the ECU campus is restricted as part of North Carolina’s effort to limit the spread of COVID-19.

 I fully recognize that there are dangers and risks to which I may be exposed by participating in-person in research during the COVID-19 pandemic. I acknowledge that my in-person presence on campus or at a remote field site places me at \_\_\_\_\_\_\_[OSHA LEVEL OF RISK] risk of exposure to COVID-19 because it may cause me to come into contact with individuals who unknowingly have or carry COVID-19. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with this activity: personal illness that may require hospitalization and significant bodily injury, including but not limited to pneumonia, stroke or death and may also cause similar illness in others I come into contact with. I understand that the Institution does not require me to participate in this activity at this time, but I request to do so, despite the possible dangers and risks and despite this Release.

 I agree to assume and take on myself all of the risks and responsibilities in any way associated with increased risk of exposure to COVID-19 due to participation in this activity. I agree that it is my responsibility to adhere to all infection prevention protocols at the research site. In consideration of and return for the services, facilities, and other assistance provided to me by the Institution in this activity, I release the Institution (and its governing board, employees, and agents) from any and all liability, claims and actions that may arise from COVID-19-induced injury or harm to me, from COVID-19-induced death or damage to my property in connection with participation in the research activities. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act of the Institution (or its governing board, employees, or agents), including but not limited to negligence, mistake, or failure to supervise by the Institution.

 I recognize that this Release means I am giving up, among other things, rights to sue the Institution, its governing board, employees, and agents for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

 I acknowledge that my participation in the research is voluntary and not required by the Institution at this time. I acknowledge that I have been informed of my option to delay my research or otherwise not participate in the research activities due to concern of exposure to COVID-19. I understand that in some cases, not participating in research due to COVID-19 can delay completion of my degree, but the Institution will waive any requirements to complete my degree within a specific timeframe.

I have read this entire Release, I fully understand it and I agree to be legally bound by it.

THIS IS A RELEASE OF RIGHTS. READ CAREFULLY BEFORE SIGNING.

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Student Signature Date

As the faculty mentor or supervisor, I have read and understood this agreement and my role in protecting the rights afforded to the student herein.

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Faculty Mentor/Supervisor Signature Date