

**Release, Waiver, Assumption of Risk and Hold Harmless Agreement  
The University of Southern Mississippi**

The University of Southern Mississippi (“The University”) is committed to resuming research operations in the safest way possible following the recent coronavirus outbreak.

Resuming research operations requires that those returning to work do so with an understanding of the risks incidental to returning to work and the conditions that must be met for them to return to work.

**BACKGROUND**

COVID-19 (commonly referred to as “coronavirus”) is a widespread, respiratory illness. Transmission of the coronavirus occurs through the droplets that travel between individuals who are in close proximity to one another. Due to the extreme risk of person-to-person transmission, the coronavirus presents a significant risk to the lives and health of those exposed.

**Medical Conditions Subject to Coronavirus-** Although a high risk exists for those 65 years or older along with those living in nursing/long-term care facilities, the Centers for Disease Control has also determined that individuals suffering from certain underlying medical conditions (as listed below) are also at risk of developing a severe case:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People with severe obesity (body mass index (BMI) of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease
- People with high blood pressure
- People who are immunocompromised (including those compromised as a result of chemotherapy or other such treatment)

**ACKNOWLEDGMENT**

I understand and acknowledge the following:

1. I am currently a faculty, staff or graduate student at The University of Southern Mississippi.
2. I understand that the coronavirus represents a risk to my health and life and that the risk could include serious injury, temporary or permanent disability and death.
3. I have reviewed the underlying conditions that represent an increased risk of developing the coronavirus, as set forth above, and hereby confirm that I understand the risks associated with individuals who have underlying conditions.
4. I agree that I will advise my supervisor immediately if I begin to exhibit any of the symptoms defined in paragraph 10(v) of this document.
5. I acknowledge that I have not been coerced to return to work and that I have the option to remain home, rather than returning to work.

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6. I confirm that my decision to return to work is wholly voluntary and that no incentives or pressure has been placed upon me to motivate me to return to work.
7. I am electing to return to work subject to the conditions expressly set forth in paragraph 10 below entitled **Guidelines**.
8. I understand that the University may issue additional requirements designed to address health risks and agree to take all reasonable measures to comply with any such requirements.
9. I understand that the University has established resources and information regarding COVID-19 at the following web page: <https://www.usm.edu/covid-19/index.php>
10. **Guidelines**- I will follow all University and CDC guidelines as set forth below:
  - i) **Use of Personal Protective Equipment (PPE) Usage** - If my supervisor requires that PPE be used, I agree to consistently wear PPE, as required by my supervisor. I also understand and agree that I may wear additional PPE including full-face covering appliances in the workplace in the absence of such a requirement by my supervisor.
  - ii) **Engaging in Distancing** - I will engage in distancing as indicated below:
    - (1) Avoiding close contact with anyone exhibiting symptoms of illness; and
    - (2) Maintaining a distance of six (6) feet from all individuals at all times (i.e. social distancing) given that some individuals do not exhibit symptoms but are carriers (i.e. asymptomatic carriers). This includes foregoing any gatherings in rooms, conference rooms, and communal areas at one time where more than 10 people are present.
  - iii) **Hygiene** - I understand that USM has certain requirements that constitute proper hygiene, and I agree to engage in proper hygiene as defined by USM, as delineated below:
    - (1) Washing hands with soap and water for at least 20 seconds immediately following
      - (a) Being in a public place
      - (b) Blowing nose
      - (c) Coughing or Sneezing
    - (2) Using hand sanitizer containing at least 60% alcohol to rub hands for the same amount of time if soap and water are not available.
    - (3) Covering my nose and mouth using a tissue when I cough or sneeze or to be sure to sneeze or cough into my elbow if I do not have a face mask on in a private area.
    - (4) Maintaining a clean area by:
      - (a) Cleaning and disinfecting frequently touched surfaces daily, including, but not limited to, tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets and sinks.

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- (b) I understand that disinfection can be performed using household disinfectant from the EPA approved list- <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- (c) Cleaning surfaces prior to disinfecting them.
  
- iv) **Facial Covering** - I agree to cover my mouth and nose with a cloth face cover when around others and will do this in addition to maintaining six feet from others, as facial covering does not decrease the need for social distancing.
  
- v) **Symptoms** - I acknowledge, as indicated by the Center for Disease Control, symptoms of COVID-19 include fever, respiratory symptoms (e.g. cough, shortness of breath), aches and pains, chills, headache, sore throat, nasal congestion, diarrhea and loss of taste and smell.
  
- vi) **Symptom Checks** - I agree to allow my employer to screen me for COVID-19, including, but not limited to, temperature checks and referral for medical testing.
  
- vii) **Refrain from Reporting to work** - If I exhibit a temperature at or above 100.4 degrees Fahrenheit at any time, I will not report to work. If I do inadvertently report to work, I understand that I will be sent home and will not be able to return until I have followed the Return to Work process indicated below based on the specific nature of the illness.
  
- viii) **Requirements to Return to Work Following Exhibiting Any Symptoms of Illness** - I agree to provide a doctor's confirmation in the form of a written release for return to work indicating the fever and/or other symptoms are not COVID-19 related or that I have become otherwise asymptomatic of COVID-19.

**Requirements to Return to Work Following Confirmed or Suspected COVID-19 Illness** - I understand and agree that I will only return to work if I fulfill return to work criteria established by the CDC as adopted/modified by the University.

- 11. I have read, understand and enter into this agreement/acknowledgment on behalf of myself, and my heirs, assigns, and legal representatives.
  
- 12. I acknowledge that I am at least eighteen (18) years of age.
  
- 13. I consent to the application of the laws of the State of Mississippi to govern, interpret and enforce this document, including all rights and obligations arising from or related to this document without regard to conflict of law principles.

Acknowledged by:

Printed Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
                  First                  Middle                  Last

Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_