UNT EPIC ACKNOWLEDGEMENT

PARTICIPANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DESCRIPTION OF ACTIVITY OR TRIP: Participation in all UNT EPIC activities during 2021

I, the above-named participant, have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose myself to hazards or risks that may result in illness, personal injury, or death, and I understand the nature of such hazards and risks. I understand that the University of North Texas is not responsible for hazards or risks that I encounter during the Activity or Trip.

In consideration of my participation in the Activity or Trip, I hereby acknowledge and accept all risk to my health and any risk of injury or death that may result from such participation.

I acknowledge the ongoing COVID-19 pandemic and agree to follow UNT health and safety guidelines, including:

I will notify program staff if I test positive for COVID-19.

Contact tracing efforts will be conducted if it is necessary to identify program participants who may have been in contact with a participant who has tested positive for COVID-19. Participants are expected to answer questions about contact with other participants and follow directions regarding further participation in the program. Information gathered during this process will be kept confidential to the extent possible and only used for the purpose of identifying those who may have been exposed to COVID-19.

I authorize UNT to conduct contact tracing and to share information as necessary for contact tracing purposes.

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Signature of participant Date

If participant is over 18 with a legal guardian:

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Signature of Parent/Guardian Date

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Parent/Guardian Printed Name