

Acknowledgment of Risk, Release of Liability Agreement and Covid 19 Vaccination Status

I, the undersigned Representative, understand that the Distance Education Accrediting Commission (DEAC) is a non-profit organization and has limited resources, and I acknowledge and agree that (i) I, or my representatives, am solely responsible for any medical or other costs arising out of any illness related to COVID-19 sustained while providing services to the DEAC, and (ii) it is my responsibility to obtain appropriate immunizations and insurance, to protect myself and my property.

I, further attest, that I have been fully vaccinated for Covid 19.

By accepting the assignment, I fully and voluntarily assume complete responsibility for the risks and dangers posed by COVID-19 related to my volunteer work and future travel for the DEAC, and for any injury, illness, damage, death or loss that may occur as a result of those risks, even if such injury, illness, damage, death or loss occurs in a manner that is not foreseeable at the time that I sign this Agreement. I hereby release, indemnify, and hold harmless the DEAC, its directors, officers, employees and representatives (collectively, the “Released Parties”) from and against any and all losses, claims, causes of action, damages, costs, expenses, and liabilities (including reasonable expenses of litigation, court costs, and attorney’s fees) (collectively, “Claims”) including any Claims for injury, illness, or death arising out of related to my volunteer work and travel, and I hereby waive any right I may have against the Released Parties with respect to any such Claims. It is my express intention that the terms of this paragraph include an agreement to release and waive all Claims arising out of or relating to the negligent acts or omissions of any Released Party.

I have carefully read this Agreement and fully understand its contents. I am aware that this is a release of liability and a binding agreement. I voluntarily agree to each of the terms and provisions herein and sign this Agreement. My signature below indicates that I have read, I agree to, and I understand the above.

Signature

Date

Print Name