COVID-19 Risk Acknowledgement Form

5		s in research conducted by faculty	
students in the School of		at Springfield College	
must review and sign this \overline{R}	isk Acknowledgement Form		
Please initial each statement	below.		
My participation in the	nis study is entirely voluntari	ly and I have carefully considered	the
	cipation, up to and including		
		SARS-CoV-2 and contracting COV	/ID
1 1 0	research at Springfield College	-	had
it may still be present and si		contracting COVID-19 is diminish	leu,
· ·	•	-CoV-2 infection have not been	
	ort-term effects can be serious		
I accept the potential	increased risk of contracting	COVID-19 if I choose to particip	ate
in this study.			
	<u> </u>	t the risks of participating in this s	tudy
at this time are unacceptable		n this study without penalty at any	7
time.	we the right to withdraw from	if this study without penalty at any	
	priate personnel protective e	quipment (e.g., a mask) and maint	ain
	while on the Springfield Col	· · · · · · · · · · · · · · · · · ·	
If you agree to all of the abo	ove, sign here:		
voluntarily continue in parti	cipation in this study as acce	The above as well as my intent to pted. I acknowledge that I have seek legal counsel prior to executing	ng
Printed name	Signature	Date	
If you do not agree to all of	the above, please review and	l initial the statement below.	
I understand that I have	e the right to withdraw from	this study without penalty.	
My gianatura halayy indiaata	og my intent net to continue	my participation this study at this t	ima
, .	ind this decision at a later da		IIIIC
Printed name	Signature	Date	
A copy of this docume	nt will be retained by the Sch	ool of as	
11 copy of this documen	nart of the research re	•	