



INTERNATIONAL  
STUDENT HOUSE  
*washington, d.c.*

**Acknowledgment of the Risk and Waiver of Liability Relating to COVID-19**  
**Updated: December 2020**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social/physical distancing and have, in many locations, prohibited the congregation of groups of people.

The International Student House, DC (ISH-DC) has put in place preventative measures to reduce the spread of COVID-19; however, ISH-DC cannot guarantee that residents will not become infected with COVID-19. Further, living at ISH-DC could increase resident risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected with COVID-19 by living at ISH-DC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at ISH-DC may result from the actions, omissions, or negligence of myself and others, including, but not limited to ISH-DC employees and other residents. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with living at ISH-DC. I hereby release, covenant not to sue, discharge, and hold harmless ISH-DC, its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of ISH-DC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in ISH-DC.

Signature and Date \_\_\_\_\_

Print Name \_\_\_\_\_



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**Agreement of Safety Practices Relating to COVID-19**  
**Updated: December 2020**

By signing this agreement, I acknowledge and agree to the following safety practices relating to COVID-19:

- Sign Acknowledgement of Risk waiver, and return to ISH-DC;
- Comply with resident ISH-DC's COVID-19 Pre Check In Screening, including honestly sharing symptoms of COVID-19, recent international travel history, and knowledge of potential exposure to COVID-19;
- I am aware that ISH-DC may require me to get a COVID-19 test either before or after my arrival and pending my responses to the COVID-19 Pre Check In Screening;
- I assume complete and full responsibility to take appropriate actions in line with CDC guidelines upon receiving test results;
- While at ISH-DC, I agree to comply with COVID-19 safety rules, including wearing masks when in common areas, following social/physical distancing guidelines, and no entry into the Main Building, Van Slyck Hall, or the garden during the 14 day quarantine period;
- Face mask/covering exceptions will be made for the following:
  - Individuals who cannot wear masks or face coverings due to a medical condition or disability, or who are unable to remove a mask without assistance; and
  - When excluding them from entering would violate a federal or District law (such as the Americans with Disabilities Act).
- Maintain six (6) feet/one and a half (1.5) meters of distance from any other person;
- Not shake hands or engage in any other unnecessary physical contact;
- Immediately report any symptoms of COVID-19, including fever, cough, etc. to the Resident Manager(s) via email;
- Residents are not permitted to have visitors, including, without limitation, family members or significant others in any area of ISH-DC (including lobby, common areas, or rooms);
- Allow ISH-DC to disclose my test results and associated information to appropriate county, state, or other governmental and regulatory entities as may be permitted by law.

I acknowledge and agree that I have read, understand, and agreed to the statements contained within this agreement. I have been provided an opportunity to ask questions before signing this agreement. I understand that if I do not follow the practices above that ISH-DC may discontinue any services, including providing housing.

Signature and Date \_\_\_\_\_

Print Name \_\_\_\_\_