The novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. There is no current vaccine for COVID-19. COVID-19’s highly contagious nature means that contact with others, or contact with surfaces that have been exposed to the virus, can lead to infection. Additionally, individuals who may have been infected with COVID-19 may be asymptomatic for a period of time, or may never become symptomatic at all. Because of its highly contagious and sometimes “hidden” nature, it is currently very difficult to control the spread of COVID- 19 or to determine whether, where, or how a specific individual may have been exposed to the disease.

I understand that the research investigator,      , has put in place safety procedures in order to mitigate the spread of COVID-19, which may be updated at any time, in accordance with University policies and procedures. I understand that these procedures may or may not be effective in mitigating the spread of COVID-19. I agree to ensure that my child/ward complies with all safety procedures, which may include, but are not limited to, symptom screening, mask wearing, hand washing, hand sanitizing, and social distancing. I understand that failure to comply with these procedures may result in removal from the study.

I agree that if my child/ward is exhibiting symptoms or if, to my knowledge, my child/ward has been in contact with anyone diagnosed with COVID-19 or is exhibiting symptoms of respiratory illness, a fever of 100.4ºF or higher, or signs of a fever within the last 14 days, I will notify the research investigator. I understand that my child/ward may be asked to withdraw from the study for my failure to report such symptoms to the research investigator.

By signing this agreement, I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another, and the inherent risks of exposure in the research setting to those who may be infected with COVID-19. I knowingly and voluntarily assume the risk that my child/ward may be exposed to or infected with COVID-19 by volunteering to participate in this research and that such exposure or infection, as well as the use of any protective equipment, including face masks, may result in personal injury, illness, permanent disability, and/or even death. I knowingly and voluntarily waive and release UM from all present and future claims of any type for any harm or loss, including economic loss, personal injury, death, or property damage suffered by my child/ward and arising out of my child/ward’s participation in this research. I agree to indemnify, hold harmless, and covenant not to sue UM for any damages, personal injury, death, medical expenses, disability, lost wages, loss of capacity, property damage, court costs, attorney’s fees, or any other loss of any kind.

I acknowledge that I have asked for and/or been given any information that I may need to determine the risks associated with volunteering to participate in this research and to make an informed assumption of those risks. **Aware of the foregoing, I am knowingly and voluntarily consenting to my child/ward’s participation in this research.**

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS OF MINE AND MY CHILD/WARD’S, INCLUDING THE RIGHT TO SUE. THIS AGREEMENT SHALL BE BINDING UPON ME, MY CHILD/WARD, AND MINE AND THEIR HEIRS, LEGAL REPRESENTATIVES, AND ASSIGNS, AND SHALL INURE TO THE BENEFIT OF THE UNIVERSITY AND THEIR SUCCESSORS AND ASSIGNS.

By signing below you are indicating that you are at least eighteen years of age and are legally authorized to consent for your child/ward; and, that you have read and understand the above statements and intend to be bound legally by its terms.

|  |  |
| --- | --- |
| CHILD/WARD NAME |  |
| PARENT/GUARDIAN SIGNATURE | DATE |
| RESEARCHER SIGNATURE | DATE: |