



## UNIVERSITY AT BUFFALO GRADUATE STUDENT ASSOCIATION INC.

310 Student Union, Box 602100, Buffalo, NY 14260-2100  
South Campus Satellite Office: 302 Abbott Hall (Tuesdays 9am – 4pm)  
(716) 645-2960, Fax: (716) 645-7333, <https://ubwp.buffalo.edu/gsa>

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The \_\_\_\_\_ has decided to do a distribution of supplies for a virtual club event. In order to safely manage this distribution, I, \_\_\_\_\_, agree that \_\_\_\_\_ and its agents will abide by all University, New York State, and United States Federal health and safety regulations related to the COVID-19 pandemic and will not interact directly with individuals in person without maintaining proper social distancing and wearing a mask at all times. I, \_\_\_\_\_ take full responsibility for this distribution event and waive any and all liability on the part of the GSA.

- I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.
- I further acknowledge that the University at Buffalo Graduate Student Association, Inc. (hereinafter cited as “GSA”) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.
- I further acknowledge that GSA cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, other attendees and their families.
- I voluntarily attend this event and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment. I attest that:
  - \* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
  - \* I have not traveled internationally within the last 14 days.
  - \* I have not traveled to a highly impacted area within the last 14 days.
  - \* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
  - \* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as noncontagious by state or local public health authorities.
  - \* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold GSA harmless from, and waive on behalf of my club, club members, affiliates, myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the GSA, or that may otherwise arise in any way in connection with any services received from GSA. I understand that this release discharges GSA from any liability or claim that my club, club members, affiliates, myself, my heirs, or any personal representatives may have against the salon with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from GSA. This liability waiver and release extends to the GSA together with all owners, partners, and employees.

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Print Name

Signature

Date