

**VISITOR COVID-19 VACCINE ATTESTATION AND  
RELEASE, WAIVER, ASSUMPTION OF RISK, COVENANT NOT TO SUE AND  
INDEMNIFICATION AGREEMENT**

1. I, \_\_\_\_\_, [print name], reside at \_\_\_\_\_ [street address], \_\_\_\_\_ [city/town], \_\_\_\_\_ [state], \_\_\_\_\_ [zip code] and have been invited to be a visitor on the Brown University (“Brown”) campus or other Brown property.
2. I acknowledge that the coronavirus pandemic is a global, national, and state public health emergency and that there is a risk of exposure to and infection with COVID-19 by being a visitor to the Brown campus or other Brown property. I further acknowledge that Brown cannot and does not guarantee a campus or Brown property that is free from the risk of becoming infected with COVID-19. I understand that I may become infected with COVID-19 or infect others, and that I may experience severe illness including personal injury and death as a result of becoming infected with COVID-19. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly.
3. I acknowledge that Brown requires COVID-19 vaccinations for certain visitors as a condition of being a visitor. I attest that I have received an FDA or WHO recognized or approved COVID-19 vaccine and that I am fully vaccinated against COVID-19.
4. I certify that I do not have any symptoms associated with COVID-19, as established by the Centers for Disease Control and Prevention (“CDC”). If I should begin to exhibit symptoms of COVID-19 while I am a visitor at Brown, I agree to self-isolate and not report to campus or other Brown property until I am notified by Brown that I may return. I further agree to promptly notify my primary point of contact at Brown.
5. I certify that I have read and understand Brown’s [COVID-19 Campus Safety Policy](#) and agree to follow it as it may be changed or updated from time to time as long as I am a Brown visitor.
6. I acknowledge that my decision to work, learn, conduct research, collaborate, or participate in activities or events at Brown as a visitor is both willing and voluntary on my part. I have made the decision to serve as a Brown visitor knowing the risks of COVID-19. Unless otherwise agreed to in writing by Brown, I agree that Brown invites certain individuals to campus or other Brown property and offers these opportunities in an “AS IS” condition and makes no express or implied representations or warranties regarding the quality, nature, or condition of buildings, offices, dining areas, recreation areas, libraries, venues, laboratories, open space and other facilities, including without limitation, any representation or warranty that the space is free from COVID-19.
7. I agree and acknowledge that I am not an employee of Brown and that I have no employment, joint venture, or partnership relationship with Brown.
8. I agree that Brown has the right to remove me from campus, and I agree to leave at a certain date determined by Brown due to changed public health conditions, conduct issues, or any other

circumstance or reason that Brown determines in its sole discretion is in its best interests at any time, with or without advanced notice to me, and without a right to a hearing.

9. In consideration for my being allowed to be a Brown visitor, I assume on behalf of me, my family, estate, heirs, administrators, and personal representatives, all risks of being on Brown's campus or other Brown property, including, but not limited to, personal injury, disability, death, and property damage resulting from COVID-19 or any other reason. I agree that Brown will not be liable for any injury, loss, claims, demands, theft, actions or causes of action of any sort resulting from personal injury, disability, death, or property damage arising out of my time serving as a Brown visitor.
  
10. Further, I agree on my own behalf, and on behalf of my family, estate, heirs, administrators, and personal representatives, to waive, release, indemnify, covenant not to sue, and hold harmless Brown University, including the Corporation, its trustees, fellows, officers, employees, affiliates, agents, and independent contractors from any and all claims, theft, loss, damages, expenses, and liability for personal injury, including death, property damage, or any other damage, including but not limited to exposure to and infection with COVID-19, which I may suffer, or for which I may be liable to any other person arising from or relating to my visitor status at Brown.
  
11. I certify that I have read and understand this Agreement and am at least 18 years old. I understand and agree that any oral or written representations not contained in this Agreement will not alter the content of this Agreement. I agree that this Agreement shall be governed by the laws of the State of Rhode Island, excluding its conflict of laws principles, and that the federal or state courts in the State of Rhode Island shall be the forum for any lawsuits filed under or incident to this Agreement.

**THIS IS A RELEASE OF LEGAL RIGHTS. I HAVE READ THIS AGREEMENT BEFORE SIGNING IT  
AND AGREE TO BE BOUND BY IT**

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Printed Name

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Signature

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Date