

**WPI EVENTS  
COVID-19 EXTERNAL GUEST  
ATTESTATION FORM**

I, \_\_\_\_\_ (name) , acknowledge, attest, and agree to the following terms as a condition of being allowed to attend \_\_\_\_\_ (the “Event”) at WPI’s campus on \_\_\_\_\_ (date):

1. The novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. COVID-19’s highly contagious nature means that contact with others, or contact with surfaces or areas that have been exposed to the virus, may lead to infection. Because of its highly contagious and sometimes “hidden” nature, it is currently very difficult to control the spread of COVID19 or to determine whether, where, or how a specific individual may have been exposed to the disease. I understand and acknowledge that given the unknown nature of COVID-19, it is not possible to list each and every individual risk of contracting COVID-19.
  
2. I will not come to campus or attend the Event if:
  - a. I am experiencing any COVID-19-like symptoms such as fever (100.0° and above) or chills, cough, shortness of breath, sore throat, fatigue, headache, muscle/body aches, runny nose/congestion, new loss of taste or smell, or nausea, vomiting or diarrhea; or
  
  - b. I have tested positive for COVID-19 within the past ten (10) days; or
  
  - c. I have had “close contact” within the past fourteen (14) days with an individual (including any member of my household) who has tested positive for COVID-19, is being tested for COVID-19, or has COVID-19-like symptoms.  
  
“Close contact” means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for 15 minutes or more, or coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19; or
  
  - d. I am advised to self-isolate, self-quarantine, or get tested for COVID-19.
  
3. I will comply with WPI’s COVID-19 protocols for external guests described below:
  - a. If required by my specific event, I will obtain a negative COVID-19 test (PCR or rapid antigen test) no more than 72 hours prior to the Event. WPI may ask me to show proof of my negative test at the Event.
  
  - b. Wearing a face covering (i) indoors on campus regardless of my COVID-19 vaccination status; (ii) outdoors on campus if I am unvaccinated and cannot

maintain physical distance; and (iii) when otherwise requested by WPI. Where face coverings are required, I may remove my face covering only for the purpose of eating or drinking. Gaiters, bandanas, and vented masks are not permitted face coverings.

- c. Washing my hands frequently with soap and water for at least 20 seconds or using alcohol-based hand sanitizers with at least 60% alcohol.
  - d. Avoiding touching my face, eyes, nose, and mouth; covering my coughs and sneezes; throwing out used tissues and washing my hands.
  - e. Avoiding shaking hands, hugging, or touching when greeting another person on campus who is not in my household.
  - f. Complying with instructions concerning access to buildings and spaces on campus, including occupancy limits and event-specific signage.
  - g. Immediately reporting any positive COVID-19 test following the Event, for myself or a close contact, to WPI by contacting [wearewpi@wpi.edu](mailto:wearewpi@wpi.edu).
4. I understand and agree that WPI has the discretion to determine whether I am permitted to be on campus and attend the Event, and at any time may require me to leave and not return to campus if it is determined that I have not complied with WPI or public health policies or protocols, or if my presence on campus poses a health risk to others.
5. I voluntarily assume the risk that I may be exposed or infected by COVID-19 by visiting the campus of WPI and attending the Event, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or even death. I understand that the risk of becoming exposed to or infected by COVID-19 at WPI may result from the actions, omissions, or negligence of myself and others, including WPI and its affiliates, subsidiaries, trustees, officers, students, employees and agents (collectively, “WPI”).
6. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF ILLNESS OR INJURY that may be sustained by me due to any potential exposure to COVID-19 while visiting campus and attending the Event. I hereby RELEASE WAIVE, DISCHARGE, AND COVENANT NOT TO SUE WPI, its affiliates, subsidiaries, trustees, officers, students, employees and agents, and their respective successors, heirs, and assigns (the “Related Parties”) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out or related to any illness or injury, that may be sustained by me due to any potential exposure to COVID-19 while visiting campus and attending the Event, whether caused by the negligent act or omission of WPI, or otherwise, while visiting campus or attending the Event. It is my express intent that this Attestation shall bind the members of my family, my heirs, assigns and personal representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE WPI and the Related Parties.



I have read this Attestation, fully understand its terms, understand and acknowledge that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. In executing this Attestation, I assert that I am 18 years of age or older and make this decision informed of its implications and entirely of my own free will.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number & Email

**FOR PARENT/GUARDIANS OF EXTERNAL GUESTS UNDER AGE 18**

This is to certify that I, as parent/guardian with legal responsibility for the individual named above, do consent and agree to all of the provisions of this Attestation, and for myself, the individual named above, and their heirs, assigns, and next of kin, I release and hold harmless WPI and the Related Parties from any and all liabilities related to the individual named above's visit to campus and attendance at the Event.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Phone Number & Email