



RELEASE AND WAIVER OF LIABILITY--COVID-19/Coronavirus 2023

This Release and Waiver of Liability (the "Release") is executed between _____ and the INSTAP Study Center for East Crete (INSTAP SCEC), their affiliated organizations, directors, officers, employees, and agents.

1. Understandings: As a member of the INSTAP SCEC, I freely and voluntarily, without duress, execute this Release with the following understandings:
- A. I am aware of the risks imposed by COVID-19/Coronavirus, including severe and permanent illness and death, and I am aware that vaccination does not offer absolute protection from these effects.
 - B. I am aware that if I contract the disease while at the INSTAP SCEC, I may have limited choice of health care facilities and that standards of care may differ from those in my home country.
 - C. I understand that treatment may be expensive, and that I may be quarantined for a significant period of time.
 - D. I understand that the disease may cause permanent injury to me.
 - E. I understand that the INSTAP SCEC and their affiliated organizations, directors, officers, employees, and agents are not responsible for any costs of medical care should I contract COVID-19/Coronavirus.
 - F. I understand that international travel, including travel to return to my home country, may be unreliable, difficult, or impossible to access due to the pandemic.

2. General Release: I _____ release and forever discharge and hold harmless the INSTAP SCEC, and their affiliated organizations, directors, officers, employees, agents and their successors from any and all liability, claims, and demands of any kind related to COVID- 19/Coronavirus or any successor variation of the virus.

3. Dependents: I understand that the INSTAP SCEC and their affiliated organizations, directors, officers, employees, agents and their successors assume no responsibility for the health or injury of any accompanying dependent. The INSTAP SCEC and their affiliated organizations, directors, officers, employees, agents and their successors shall not be responsible for the health care costs of any dependent who contracts COVID-19/Coronavirus.

4. Assumption of the Risk. I expressly assume the risk if I contract COVID-19/Coronavirus while on a fellowship, training, summer program, or research program or any other activity at the INSTAP SCEC, regardless of vaccination status.

Signed

Signature

Date