**COVID-19 Research Participant Agreement and Release (“RELEASE”)**

Research Participant’s Full Legal Name:

Due to the ongoing COVID-19 pandemic emergency Northern Michigan University (“NMU”) has implemented many health and safety precautions and restrictions, as recommended by public health and governmental authorities. Still, I desire, at my own risk and by own free decision, to voluntarily participate in a research study through NMU. To participate in the research study, I hereby understand and agree to the following:

1. **COVID-19 Protocols**
   1. I acknowledge that I have received and reviewed health and safety information regarding COVID-19. For reference, such information is available at: <https://nmu.edu/safe-on-campus/students>. I agree to follow all health and safety precautions as communicated to me and as otherwise instructed. I will also keep up-to-date with and follow all CDC-recommended protocols for preventing the spread of COVID-19 and will actively monitor my health for symptoms of COVID-19.
   2. **I understand that the contact (Principal Investigator) for the research study is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **who can be notified at** [**\_\_\_\_\_\_\_\_\_\_\_@nmu.edu**](mailto:___________@nmu.edu)**. I will notify the Principal Investigator (PI) immediately (same day) if I am sick, have a fever or cough or experience other signs of illness or if I test positive for COVID-19 and will cease participation in the research study immediately.**  I understand that I will not be penalized by NMU for withdrawing from the study or missing parts of the study if I am ill or am otherwise unable to attend due to COVID-19.
2. **Assumption of Risk**. I understand, acknowledge, and agree that certain dangers may be posed by participating in the research study, including, but not limited to: the risk of serious injury or death or exposure to diseases, such as COVID-19, and the consequences thereof, including having to self-quarantine or self-isolate if I test positive for or otherwise show symptoms of COVID-19 and having to possibly miss instructional time or other educational opportunities as a result. I understand and appreciate the risks and voluntarily agree to expose myself to such risks, even if they are not presently known or foreseeable, by participating in the research study. **I acknowledge and understand that NMU does NOT provide any insurance coverage for my participation in the research study or as part of my enrollment at NMU.**

I ACKNOWLEDGE THAT (A) I HAVE READ (OR HAVE HAD READ TO ME) AND UNDERSTAND EACH AND EVERY PROVISION IN THIS RELEASE; (B) I VOLUNTARILY AGREE WITH, ACCEPT, AND ACKNOWLEDGE EACH PROVISION; AND (c) I AM BOUND BY THIS RELEASE.

**Signature of Researcher Participant**  **Date**