



**Boston Society of Civil Engineers Section of the American Society of Civil Engineers**

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## **Assumption of Risk and the Waiver of Liability Relating to COVID-19**

The coronavirus disease, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the March 2023 Boston Society of Civil Engineers Section of the American Society of Civil Engineers (“BSCES”) hosted National Highway Institute course entitled “Tunnel Safety Inspection” (“Course”) and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while participating in this Course may result from the actions, omissions, or negligence of myself and others, including, but not limited to, BSCES agents, representatives, volunteers, and program participants.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance in activities or participation in the Course (“Claims”). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless BSCES, its agents, representatives, and volunteers, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of BSCES, its agents, representatives, and volunteers whether a COVID-19 infection occurs before, during, or after participation in BSCES Course and activities.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_