

HEALTH AND RISK AWARENESS STATEMENT

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Name of student / WSB* University employee

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Album No.
(for students only)

.....
Contact phone

I declare that I have read and am committed to complying with the epidemiological safety procedures at the WSB University.

At the same time, I declare that:

- 1) according to my best knowledge, I am healthy and I have no symptoms of coronavirus infection,
- 2) I have not been in quarantine and had no contact with a person infected with coronavirus,
- 3) I assume full legal responsibility for my health.

In case I am placed in quarantine or undergo another Covid-19 measure and I have been in contact with a person infected with coronavirus, I undertake not to participate in the classes and immediately inform an employee of Dean's Office of the WSB University. I assume full legal responsibility for the non-fulfilment of this obligation, and in particular for damages resulting from my negligence, caused to the WSB University or third parties.

I declare that I will not make any claims against the WSB University in case of COVID-19 infection on the premises of the WSB University.

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Date and legible signature

*Delete as applicable.