

**Off-Campus Activities Pledge**

Westminster Towers recognizes that residents have the desire to leave the relative safety of the campus and participate in activities and events in the wider community.

The inherent risk of exposure to COVID-19 and other communicable diseases may be higher off campus and in other public places where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and other persons with underlying medical conditions are especially vulnerable. Any resident who leaves the campus voluntarily assumes any increased risks related to exposure to COVID-19 and other communicable diseases.

**Pledge:**

I pledge to the do the following to the best of my ability:

1. If activity involves others, I will refrain from handshakes, hugs or other physical contact.
2. I will wear a face mask correctly.
3. I will wash my hands or use hand sanitizer after coming in contact with hard surfaces or other high-touch areas.
4. I will try to keep a distance of 6 feet from others.
5. I will not share recreation equipment with others.
6. I will sanitize any communal equipment or items before use, i.e. shopping carts
7. I will inform Westminster Towers if I know I have been exposed to someone who has COVID-19.

I understand that I will be subject to the 14-day quarantine upon my return to the Towers.

I understand that failure to adhere to this policy may result in my being issued a lease violation, which puts my contract with the Towers at risk.

I agree that the Towers will not be liable for and agree to hold the Towers harmless from any circumstances that are beyond control of the Towers. In addition, I agree that the Towers will not be liable for, and agree to hold Towers harmless from, any risk of contracting any communicable disease.

By signing below, I indicate that I have read, or had read to me, and completely understand this Pledge in its entirety.

**Resident Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt#:\_\_\_\_\_\_\_\_\_\_\_\_**

**Resident Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**