

BUCKEYE ACKNOWLEDGEMENT AND PLEDGE

All members of Buckeye Nation have an important role to play in keeping our fellow students and the Ohio State community safe by doing our part to stop the spread of COVID-19. As a member of Buckeye Nation, I know that I must take steps to stay well in order to protect others and promote a safe return to campus for all Buckeyes. Because of this, I pledge to take responsibility for my own health and help stop the spread of the COVID-19.

Ohio State's highest priority is the safety of its students, faculty, staff, and visitors. I know that by engaging in campus activities, including attending classes, pursuing my education, living on campus, eating in the dining halls, attending activities, participating in sports and recreation, I may be exposed to COVID-19 and other infections. I also understand that despite all reasonable efforts by the university, I can still contract COVID-19 and other infections. In order to reduce my risk, I agree to be an active participant in maintaining my own health, wellbeing and safety, as well as the safety of others, by following all the guidelines and expectations outlined by the university.

As more information is gathered and known, I understand that Ohio State may modify these guidelines and expectations. It is my responsibility to make every effort to keep myself apprised of these changes to protect myself and the university community.

It is my Buckeye Pledge to protect myself, my peers, and the Ohio State community by doing the following:

- Agree to testing for COVID-19 and potential subsequent self-quarantining if I am identified as a contact of anyone who has been determined to be positive for COVID-19.
- If I test positive for COVID-19, I agree to self-quarantine in a designated location until:
 - My symptoms have resolved, and
 - It has been at least ten days since the start of my symptoms, and
 - I have a negative COVID-19 test result.
- Timely report any known or potential exposures to COVID-19 to the Athletic Training Staff.
- Monitor for the following symptoms:
 - A fever of 100.4°F or higher
 - Respiratory symptoms, such as dry cough or shortness of breath
 - Sore throat
 - Headache
 - Body aches
 - Chills
 - Loss of taste or smell
 - Please note that up-to-date symptoms can be found at:
<https://wexnermedical.osu.edu/features/coronavirus/patient-care/symptoms-and-prevention>
- If I develop the above symptoms, to contact my athletic trainer, and to follow the medical staff's instructions which may include being tested for COVID-19 and self-quarantining while the test results are pending, and/or being evaluated by the Athletic Training Staff.
- Stay at home if I am feeling sick.
- Get a flu vaccination.

- Participate fully and honestly with the Athletic Training Staff for contact tracing to determine whom I might have potentially exposed to COVID-19.
- Wear a mask or the appropriate PPE in all public spaces.
- Practice physical distancing as much as possible.
- Frequently wash and/or sanitize my hands.
- Keep my personal space, shared common space, and my belongings clean.

I understand COVID-19 is a highly contagious virus and it is possible to develop and contract the COVID-19 disease, even if I follow all of the safety precautions above and those recommended by the CDC, local health department, and others. I understand that although the university is following the coronavirus guidelines issued by the CDC and other experts to reduce the spread of infection, I can never be completely shielded from all risk of illness caused by COVID-19 or other infections.

I have read, understand, and agree to comply with my Buckeye Pledge above. I also acknowledge that these expectations and pledge are a condition of my participation in Ohio State Athletics and that any failure to comply with my Buckeye Pledge above may lead to immediate removal of athletic participation privileges (not my athletics scholarship) and/or the inability to use Athletics facilities.

I take my Buckeye Pledge seriously and will do my part to protect Buckeye Nation.

[STUDENT-ATHLETE ELECTRONIC SIGNATURE]

Date

[PARENT/GUARDIAN ELECTRONIC SIGNATURE
IF UNDER 18]

Date