The novel coronavirus ("COVID-19") is a highly infectious, contagious, and life-threatening disease that has been designated as a global pandemic by the World Health Organization and declared a national health emergency by the United States government. As of the date of this Addendum, there is no current vaccine for COVID-19.

The highly contagious nature of COVID-19 means that contact with others and, potentially contact with surfaces that have been exposed to the virus, can lead to infection. Additionally, individuals who may have been infected with COVID-19 may asymptomatic for a period of time or may never become symptomatic at all. Because of its highly contagious and sometimes “hidden” nature, it is currently very difficult to control the spread of COVID-19 or to determine whether, where, or how a specific individual may have been exposed to the disease.

This Addendum is made and entered into for the academic year 2020-2021. Information related to public health orders and guidelines require adaptations to the Colorado State University Apartment Lease as outlined below.

By accepting an assignment in an apartment community, you agree to abide by and comply with public health orders and guidelines and CSU policies. Please review and initial by each item and sign below.

Public Health Orders, Guidelines and CSU Policies
I agree to comply with current public health orders, guidelines and policies at CSU. These orders, guidelines and policies include, but are not limited to, wearing a face mask whenever I am outside of my assigned apartment, maintaining physical distancing of at least 6 feet from other people, and not gathering in groups. I further understand that these orders, guidelines, and policies may be modified at any time and for any reason and will comply with any such modifications. I acknowledge that service can be denied and that my Apartment Lease may be terminated if I do not comply with public health order, guidelines and/or policies. __________ initial

Public Health Precautions
I agree to complete the CSU Daily Symptom Checker each day before leaving my apartment and to self-report symptoms related to COVID-19 to Housing and Dining Staff such as flu-like symptoms, cough, shortness of breath/difficulty breathing, a fever of 100.4 degrees or higher, sore throat, chills, body and muscle aches, nausea, vomiting, diarrhea, loss of taste or smell or other symptoms related to COVID-19. __________ initial

Community Spaces:
I agree to follow and comply with CSU or other public health guidelines regarding the use and number of individuals allowed in community spaces, including but not limited to, lobby areas on the first floor, hallway lounges, community centers, playgrounds and study rooms. __________ initial
Apartment Assignments:
The University reserves the right to make assignments and temporary assignment of accommodations as considered necessary and appropriate, including for the enforcement of health-related isolation and quarantine. Apartment changes will be limited and only made under the guidance and direction of staff. I agree to comply with any apartment assignments made in keeping with this provision. ________ initial

Quarantine / Self-Isolation
If, as a result of guidance from a medical or public health professional, I am told I need to quarantine or self-isolate, I will notify Housing and Dining Staff immediately. I agree that I will comply with all rules, directives and protocols related to quarantine or self-isolation, and I understand that these rules are enforceable by public health order. ________ initials

No Representations:
I acknowledge that no representative of the University has made any promises or representations to me regarding the safety associated living in a university apartment during the COVID-19 pandemic. I have relied on my own judgment as to whether to undertake the risk of living in an apartment community during the COVID-19 pandemic. I also acknowledge and fully understand that the University cannot guarantee that I will not become infected with COVID-19 while living in an apartment community. ________ initial

Resident Signature (Date)

Director of University Housing Signature (Date)