



## UNIVERSITY OF LAGOS

### INDEMNITY FORM FOR FIRST SEMESTER 2019/2020 SESSION

Surname:.....

Other Names:.....

Department:.....

Faculty:.....

Degree Programme:.....

Level:.....

Matriculation Number:.....

I acknowledge the contagious nature of the Coronavirus (COVID -19) and note the measures announced by the Presidential Task Force (PTF) on practicing good social distancing, compulsory wearing of nose mask amongst other measures.

I further acknowledge that the University of Lagos has put in place policies to reduce the spread of COVID-19. I undertake that I will comply with all policies and measures to reduce the spread while attending my lectures and carrying on all other activities pertaining to my studies. I will also ensure compliance with all the protocols and related regulations throughout my stay in the Halls of Residence and on the University of Lagos.

I understand that the risk of becoming exposed to and/or infected by the COVID-19 or infecting others with the covid-19 may result from the actions, omissions or negligence of myself.

I hereby indemnify the University of Lagos from the consequences, liabilities that may result in my being infected with COVID-19 or my infecting others with COVID-19.

I also indemnify the University of Lagos of any claims on bed space fees arising from the consequential lockdown of the Halls of Residence occasioned by the covid-19 pandemic and from the emergency residency arrangements made to accommodate all students participating in the physical examinations in the 1st Semester 2019/2020 examinations.

Student Signature.....

Date.....