EXHIBIT A STATEMENT OF WORK

•	erwise expressly agreed in this Statement of Work, all
	vices Agreement for Contracting for Single System Work
 Participation includes possible exposure to an to COVID-19. While particular rules and person and death Contractor knowingly and freely assume all s COVID-19, even if arising from the negligence or v Contractor hereby knowingly assume the rise 	actor acknowledges and understands the following ad illness from infectious diseases including but not limited all discipline may reduce this risk, the risk of serious illness does exist such risks related to illness and infectious diseases, such as or fault of Trinity, its trustees, employees, officers, agents colunteers; and sk of injury, harm and loss associated with the Activity the negligence, fault or conduct of any kind on the part of employees, agents or volunteers
TU Project ID #:	
Contractor:	
Project:	
Services to be Provided (reference Proposal if p	rovided):
Commencement Date:	
Completion Date:	
Cost of Services:	
	cuted this Statement of Work by their duly authorized signatures below, effective as of the date written above.
Contractor	Trinity University
Signature	Signature
Name	Name
Date	Date

This Exhibit is hereby incorporated into the Master Services Agreement for Single System Work or Consulting between Trinity and Contractor.