## EXHIBIT A STATEMENT OF WORK

This Statement of Work is entered into pursuant to the Master License Agreement Relating to Services Provided to Student Organization between \_\_\_\_\_\_ (Licensee)

and Registered Student Organization at Trinity University dated \_\_\_\_\_\_\_. Except as otherwise expressly agreed in this Statement of Work, all terms and conditions set forth in the Master License Agreement Relating to Services Provided to Student Organization shall govern.

ASSUMPTION OF THE RISK. Licensee acknowledges and understands the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;

Licensee knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of Trinity, its trustees, employees, officers, agents or volunteers; and
Licensee hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of Trinity, its trustees, officers, employees, agents or volunteers.

Student Organization and Name of Individual Requesting Services:

Professional Services/Deliverables:	
Term – Start Date and Completion Date:	
LOCATION:	
If on campus, specify where:	
DATE:	
START TIME: EI	ND TIME:
Compensation:	
IN WITNESS WHEREOF, the parties have executed this Statement of Work by their duly authorized officers or representatives as indicated by their signatures below, effective as of the last date signed.	
Licensee	Trinity University
Signature	Signature
Name	Name
Date	Date

This Exhibit is hereby incorporated into the Master License Agreement Relating to Services Provided to Student Organization between Trinity and Licensee.