

**EXHIBIT A
STATEMENT OF WORK**

This Statement of Work is entered into pursuant to the Vendor Master Services Agreement between _____ (Vendor) and Trinity University (Trinity) dated _____. Except as otherwise expressly agreed in this Statement of Work, all terms and conditions set forth in the Vendor Master Services Agreement shall govern.

ASSUMPTION OF THE RISK. Vendor 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;
2. Vendor 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
3. Vendor 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.

Department and Individual Requesting Vendor Professional Services:

Professional Services/Deliverables:

Term – Start Date and Completion Date:

LOCATION: _____

If on campus, specify where: _____

DATE: _____

START TIME: _____ END 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.

Vendor

Trinity University

Signature

Signature

Name

Name

Date

Date

This Exhibit is hereby incorporated into the Vendor Master Services Agreement between Trinity and Vendor.