**TWU Student Resident Agreement**

*Last Update: June 18, 2020*

*This document is subject to change before August 31, 2020*

 This agreement is intended for TWU students who have a confirmed housing placement for the Fall 2020 Academic Semester. We a are excited to welcome you back to campus, and provide some clear guidelines for living in a community amidst the COVID-19 outbreak. TWU students must willingly follow prescribed public health guidelines as a condition of attending class and living on campus this fall as stewards of Christ-like love.

* I will comply with routine daily screening by using the self-assessment app from the BCCDC.
* I will adhere to the policies regarding health and safety as posted and communicated around campus including:
	+ Routine and frequent environmental cleaning.
	+ I will call 811 or the wellness center prior to going anywhere on campus when experiencing symptoms of a cold, flue or COVID-19 with coughing or sneezing
		- I will also not go to class or take part in any extra curricula activities or sports when experiencing any cold or flu like symptoms.
	+ If I live in dorms, I will not allow outside guests into my living space. I will not allow on campus guests onto my floor or resident building, as these spaces are reserved for students assigned to them. I understand there will be no open hours (dorms or apartments) until further notice. Students are encouraged to interact in a safe social distancing manner using building lounges and lobby areas or designated outside spaces.
	+ If I live in an on-campus apartment, I will commit to inviting only one consistent guest to my apartment household. This guest will not be given key-card access to my building. Each member of my apartment is allowed one consistent visitor (not changing for the Fall 2020 semester).
	+ I understand that the use of masks is recommended whenever it is not possible to meet physical distancing of 2 metres.
* I will treat campus like my home and adhere to the general guidelines recommended to all residents of BC by the BC health officials, including:
	+ Stay in my room or apartment and keep a safe distance from those in my household when I have cold or flu symptoms, including coughing, sneezing, runny nose, sore throat and fatigue.
	+ No handshaking or hugs outside of my household (ex. Outside dorm or apartment for on campus housing).
	+ Practice good hygiene, e.g., regular hand washing, avoiding touching my face, covering coughs and sneezes, disinfect frequently touched surfaces.
	+ Maintain physical distance of 2 metres, as much as possible, when in the community; and where not possible, consider using a non-medical mask or face covering.

And in personal settings, when I am seeing friends and/or family outside my dorm or apartment household:

* + Only gather in small groups of 2–6 people and keep a physical distance of 2 metres.
	+ I will stay in my dorm room or apartment and away from others if I have cold or flu symptoms. If I am a higher risk individual (with underlying medical conditions), be informed of my risk, think through my own risk tolerance and take extra precautions as applicable.
* If I am entering the country I will arrive early and self-isolate for 14 days, following BC Health quarantine procedures. I will work with TWU ahead of time to make quarantine plans that I can present to officials at the border.
* In the event I am diagnosed with COVID-19, or in contact with a case of COVID-19, I will abide by any instruction given by Public Health authorities.

 I understand that it is a privilege to physically remain on campus, which is contingent on compliance with these expectations, and that failure to comply will result in a process to determine appropriate accountability, which will follow the same principles found in the Student Handbook.

I have read and agree to follow these expectations, for my own wellbeing and for the wellbeing of my fellow students, faculty, and staff. I agree to allow TWU to discuss the terms of this agreement or health-related information with my designated guardian or emergency contact if needed.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_