

**VOLUNTEER ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND COVID-19/COMMUNICABLE DISEASE AGREEMENT**

Volunteer Name: \_\_\_\_\_

Phone - Work: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. [School] cannot completely mitigate the transfer of communicable diseases like COVID-19. Volunteering at/for [School] includes possible exposure to and illness, injury, or death from communicable diseases, including COVID-19.

I attest that I am not experiencing any symptoms of illness such as fever, chills, cough, or shortness of breath. If I develop symptoms, I agree that I will decline volunteering opportunities with [School] and not participate in any [School] activities. I acknowledge that I must follow the safety and hygiene protocols set forth by the Centers for Disease Control, Oregon Health Authority, and [School].

I further attest to the following:

- I have not been diagnosed with COVID-19 without being cleared as noncontagious by a state or local public health authority
- I have not been advised by a health care provider to self-quarantine due to concerns related to COVID-19 or another communicable disease
- I will notify [School] if I receive a COVID-19 diagnosis, test positive for COVID-19, or am advised to self-quarantine due to concerns related to COVID-19 or another communicable disease
- I will not participate in any [School] activities until 14 days has passed from my last potential exposure to COVID-19
- I do and will follow the Center for Disease Control and Oregon Health Authority COVID-19 guidelines to the best of my ability (e.g., hand washing, physical distancing, wearing of face coverings)

I am volunteering for the [School]. I understand volunteering with [School] means that no compensation is expected in return for the services I provide, and that the [School] will not provide any benefits typically associated with employment. I further acknowledge that I am responsible for my own insurance coverage in the event of illness or personal injury as a result of my volunteering for [School].

I understand that my volunteering with [School] may involve activities that could be hazardous to me, including those which may expose me to communicable diseases. I fully understand and appreciate these risks that are inherent to my volunteering. I assume the risk of all bodily injury, medical treatment, illness, and/or death that may result from my volunteering for [School], even if it results from the [School]'s negligence or that of its employees or agents.

I hereby release, waive, discharge, exonerate, and agree to indemnify and hold harmless [School], its Board of Directors, the individual members thereof, and all officers, agents, employees, and representatives from any and all liability, causes of action, claims, demands, damages, expenses and compensation, including attorneys' fees, fines or other costs arising out of any exposure to or illness or injury from a communicable disease, including COVID-19, which may result from or have any connection

to my volunteering. I give this release to the fullest extent of the law, for myself, and my heirs, administrators, executors, successors and/or assignees.

I certify and represent that I have the legal authority to waive, discharge, release, indemnify, and hold harmless the released parties.

I certify that I have read this document in its entirety and fully understand its contents. I agree to the [School's] Volunteer Assumption of Risk, Waiver of Liability & COVID-19 Agreement. I freely and voluntarily assume all risks of such hazards and notwithstanding such, release [School] from all liability for any loss regardless of cause, and claims arising from my volunteering for [School].

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Volunteer Signature

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Date