

**Volunteer Assumption of Risk, Waiver of Liability & COVID-19 Agreement**

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

# Agreement

* I attest that I am not experiencing any symptoms of illness such as a fever, cough, or shortness of breath. If I develop these symptoms, I agree that I will contact Community Partners in Caring staff to cancel my shift giving notice as far in advance as possible.

* I am aware that I must follow the safety and hygiene protocols that have been implemented by Community Partners in Caring and that a copy of the “COVID-19 Protocols” as well as suggested cleaning methods were given to me when I signed this document. These protocols are also posted onsite for my review and can be requested at any time.

* I attest that:
  + I have not traveled internationally in the past 14 days
  + I have not traveled to a highly-impacted area within the United States in the past 14 days
  + I do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19
  + I have not been diagnosed with COVID-19 and not yet cleared as noncontagious by state or local public health authorities
  + I am following recommended guidelines as much as possible - practicing social distancing by participating in group activities of fewer than 10, trying to maintain separation of six feet from others, and otherwise limiting my exposure to the coronavirus.
  + I will inform CPC if I receive a COVID-19 Test and agree to follow all medical instructions regarding post testing quarantine.

# Assumption of Risk and Waiver of Liability

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I acknowledge that I have voluntarily applied to Community Partners in Caring volunteer program. I understand that the scope of my volunteer relationship is limited to a volunteer position and that no compensation is expected in return for volunteer services provided by me; that Community Partners in Caring will not provide any benefits traditionally associated with employment; and that I am responsible for my own insurance coverage in the event of illness or personal injury as a result of my volunteer services provided through Community Partners in Caring.

I understand that my volunteer activities with Community Partners in Caring may include activities that could be hazardous to me, including but not limited to driving, picking up and delivering supplies, providing rides to seniors, as well as transportation to and from the various sites I’ll be visiting in order to provide services and the exposure to people with infectious diseases. I fully understand and appreciate the risks that are inherent to my volunteer activities. I hereby assume the risk of bodily injury, exposure to viruses such as COVID-19, illness, medical treatment and property damage resulting from my volunteer activities, even if resulting from the negligence of Community Partners in Caring or its officers, directors, employees or agents.

I hereby release, discharge and agree to indemnify and hold Community Partners in Caring harmless from, and waive on behalf of myself and my heirs and personal representatives and any minors I am responsible for who volunteer with me, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of Community Partners in Caring, or that may otherwise arise in any way in connection with any voluntary activities with, or for Community Partners in Caring. I understand that this release discharges Community Partners in Caring from any liability or claim that I or my heirs, personal representatives or minors I am responsible for may have against Community Partners in Caring with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from or in connection with my volunteer activities. This liability waiver and release extends to Community Partners in Caring together with all of its officers, directors, affiliates, employees and agents.

I agree that this release will be governed by California Law and that the exclusive venue for any dispute arising from this release will be a court of competent jurisdiction sitting in Santa Barbara County, California.

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_