

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. **Corbett School District cannot completely mitigate the transfer of communicable diseases like COVID-19. Volunteering at/for Corbett School District 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 **Corbett School District** and not participate in any **Corbett School District** activities. I acknowledge that I must follow the safety and hygiene protocols set forth by the for Disease Control, Oregon Health Authority, and **Corbett School District**.

I attest that I understand that as of October 18, 2021, volunteers, who are age 16 and older, and have direct or indirect contact with children or students, must submit either proof of vaccination or documentation of a medical or religious exception to the Corbett School District. "Proof of vaccination" means documentation provided by a tribal, federal, state or local government, or a health care provider, that includes an individual's name, date of birth, type of COVID-19 vaccination given, date or dates given, depending on whether it is one dose or two-dose vaccine, and the name/location of the health care provider or site where the vaccine was administered. Documentation may include but is not limited to a COVID-19 vaccination record card or a copy or digital picture of the vaccination record card, or a print-out form from the Oregon Health Authority's immunization registry. "Documentation of a medical or religious exception" means that Corbett School District is in receipt of a written request for a medical or religious exception, made on a form prescribed by the Oregon Health Authority, and in compliance with the requirements set forth in OAR 333-019-1030. I understand that the Corbett School District is permitted to require more stringent health and safety protocols than is required under the law. As such, the Corbett School District retains the right to decline volunteer services to any individual who does not comply with the District's health and safety protocols.

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 **Corbett School District** 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 **Corbett School District** 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 **Corbett School District**. I understand volunteering with **Corbett School District** means that no compensation is expected in return for the services I provide, and that the **Corbett**

School District 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 **Corbett School District**.

I understand that my volunteering with **Corbett School District** 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 **Corbett School District**, even if it results from the **Corbett School District's** negligence or that of its employees or agents.

I hereby release, waive, discharge, exonerate, and agree to indemnify and hold harmless **Corbett School District**, 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 Corbett School District'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 Corbett School District from all liability for any loss regardless of cause, and claims arising from my volunteering for Corbett School District.

Volunteer Signature

Date