



Volunteer COVID-19 Waiver

Volunteer Name: _____

Date: _____

COVID-19 ASSUMPTION OF RISK: I expressly affirm that I am aware of the public health directives recommending social isolation and distancing in response to the current COVID-19 pandemic.

I affirm and attest that within 72 hours prior to a visit I am not currently or have not exhibited COVID-19 related symptoms, such as: fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea nor have I been exposed to individuals exhibiting the same.

I am further aware and affirm that Hand in Paw (HIP) cannot prevent the possibility of exposure to COVID-19 at Program Partner facilities or during my transportation to and from its location.

I am aware and affirm that volunteering with HIP involves risk of exposure from staff, other volunteers, and/or the individuals HIP is serving. I am expressly aware of and affirm the potential health risks that may occur if I am exposed to COVID-19, up to and including death, and that my exposure brings with it the possibility of my exposing others, including members of my household or other communities.

I acknowledge and am aware of CDC and other public health recommendations concerning risks COVID-19 exposure presents to individuals in certain age groups and/or with high-risk health conditions. I affirm that this waiver, in its entirety, includes any and all liability or claim that I, the volunteer may have against the HIP, with respect to any exposure I may have to COVID-19 as a volunteer.

Signature: _____

Date: __/__/_____