

# Volunteer Release and Waiver of Liability Due to Risk of COVID-19



\*UPDATED NOVEMBER 2021

This Release and Waiver of Liability (the "Release") is executed by the "Volunteer", listed above, on the date listed above, in favor of McMinnville Area Habitat for Humanity, Habitat for Humanity International, Inc., and any other Habitat for Humanity affiliated organization, and their respective directors, officers, trustees, employees, volunteers and agents (collectively, the "Released Parties").

I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties and engage in the activities related to being a volunteer ("Activities"). I understand that my Activities may include but are not limited to the following: working in Habitat for Humanity offices or Habitat for Humanity ReStore operations; traveling to and from work sites; consuming food available or provided; constructing residential buildings; and other construction-related activities.

***I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms:***

**Release and Waiver.** I, the Volunteer, do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims and demands which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue with respect to any bodily injury, personal injury, illness, death, including risks related to the COVID-19 virus or property damage which arise or may hereafter arise from or is in any way related to my Activities with any of the Released Parties, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than intentional or grossly negligent conduct, of any of the Released Parties or of other volunteers.

I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm and loss associated with the Activities. I also understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

#### **\*COVID-19 Age Restrictions for Minors for All Active Construction Sites (Age 16 & older)**

Until further notice, McMinnville Area Habitat for Humanity has a minimum age limit of 16 for those volunteering on any active construction site or on the ReStore property.

**Medical Treatment.** I, the Volunteer, do hereby release and forever discharge the Released Parties from any claim or action whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my Activities with any of the Released Parties.

**Agreement to Follow Protocols:** While volunteering at Habitat for Humanity premises, I, the Volunteer, agree to follow and obey any and all social distancing and virus mitigation protocols set forth by McMinnville Area Habitat to comply with the current federal, state and local emergency orders and guidelines pertaining to COVID-19.

#### **COVID-19 Safety Protocols**

- Do not volunteer if you have symptoms of acute respiratory illness (i.e., fever, cough, shortness of breath).
- Frequently wash your hands using soap and water if possible. If not, use hand sanitizer.
- Wear personal protective equipment (CDC-approved masks) while on Habitat premises - **No exceptions.**
- No sharing of food or beverages.
- Limit contact with others. Practice social distancing at all times:
  - Maintain a distance of at least 6' from one another.
  - While closer encounters may be unavoidable while at the work site, they should be brief. Use common sense and give a wide berth.

#### **CDC-Approved Mask Attributes**

- A properly worn mask completely covers the nose and mouth.
- Cloth masks should be made with two or more layers of a breathable fabric that is tightly woven (i.e., fabrics that do not let light pass through when held up to a light source).

**\*\*\* Sign on Reverse** →

- Mask should be secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they should have two layers of fabric or be folded to make two layers.
- Mask should fit snugly but comfortably against the side of the face.
- Mask should be a solid piece of material without slits, exhalation valves, or punctures.

**The following do not fulfill the requirements and are unacceptable:**

- Masks worn in a way that does not cover both the mouth and nose
- Face shields or goggles
- Scarves, ski masks, balaclavas, or bandannas
- Shirt or sweater collars (e.g., turtleneck collars) pulled up over the mouth and nose.
- Masks made from loosely woven fabric or that are knitted, i.e., fabrics that let light pass through
- Masks containing slits, exhalation valves, or punctures
- Masks that do not fit properly (large gaps, too loose or too tight)

**Initial the following acknowledgements:**

\_\_\_\_\_ I have not been medically directed to self-quarantine/isolate in the past 30 days.

\_\_\_\_\_ I have not been in close contact with anyone who has been asked to self-quarantine/isolate in the past 30 days.

\_\_\_\_\_ I have not experienced a recent onset of any illness-related symptoms, such as fever, cough, or shortness of breath within the past 48 hours.

\_\_\_\_\_ I have not been in close contact with anyone who has tested positive for COVID-19.

\_\_\_\_\_ I have not been in close contact with anyone that is in the process of being tested for COVID-19.

\_\_\_\_\_ I will immediately notify McMinnville Area Habitat for Humanity if any of the above statements become true.

**If any of these acknowledgements become true due to COVID-19 exposure or symptom onset while actively volunteering or working with McMinnville Area Habitat for Humanity, adhere to the following steps:**

**1. Even if fully vaccinated, self-quarantine/isolate immediately if experiencing symptoms.**

**2. Please do not come to Habitat premises for 10 days after the exposure or date of first symptoms.**

**3. Seek a COVID-19 test from a drugstore or medical facility (likely a rapid nasal swab test) 5-7 days after close contact with someone with suspected or confirmed COVID-19 and then present the negative test to your supervisor upon return to your worksite.**

**\*\*\* CDC recommendations need to be followed for your specific scenario/vaccination status. See CDC website for current guidelines.**

**Insurance.** I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

**Volunteer Information:**

*\*required field*

\*Name (please print): \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \*Email Address: \_\_\_\_\_

*To express my understanding of and agreement with this Release, I sign here*

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