

Wood County Park District-Volunteer Assumption of Risk, COVID-19, and Waiver of Liability 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 cancel my shift before volunteering.
- I am aware that I must follow the safety and hygiene protocols that have been implemented by the Wood County Park District and that are posted onsite for my review.
- **I attest that before each volunteer activity:**
 - 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, or I have been cleared as noncontagious by state or local public health authorities.
 - I am following recommended guidelines as much as possible - practicing social distancing, limiting group activities, trying to maintain separation of six feet from others, and otherwise limiting my exposure to the coronavirus.

Adherence to Guidelines, I agree to follow the guidelines set forth by the Wood County Park District

Before volunteering, I agree to:

- + Check my temperature, bring a facemask, bring my own water, bring my own gloves and tools.
- + Follow CDC recommendations on thorough hand-washing, covering coughs & sneezes, and not touching my face.

I will NOT volunteer if...

My temperature is 100 degrees Fahrenheit, or higher

If I am exhibiting symptoms consistent with COVID-19

If I am caring for someone with COVID-19 in my household, or if I've had close contact with a COVID-19 patient

While Volunteering, I agree to:

- + Maintain a six-foot distance from people who do not live with me, wear a facemask to be respectful of others, to maintain social distancing, and avoid groups of 5 or more.

When Concluding Volunteering, I agree to:

- + Sanitize any park equipment that is used or touched, and carry out my trash.

Assumption of Risk and Waiver of Liability

I acknowledge that I am volunteering for the Wood County Park District and that no compensation is provided.

On behalf of myself and minors in my guardianship, I hereby release, discharge, agree to indemnify, and hold harmless the Wood County Park District from, and waive from any and all liability, causes of action, claims, demands, damage, costs, expenses, or loss due to Covid-19, any action, or failure to act by the Wood County Park District, or that may arise in connection with voluntary activities with, or for the Wood County Park District.

I understand that this release discharges the Wood County Park District from any liability or claim that I am responsible for or may have against the Wood County Park District with respect to any bodily injury, illness, death, medical treatment that may arise from or in connection with my volunteer activities.

This liability waiver and release extends to the Wood County Park District, its Board of Directors, and employees.

By signing below, you are agreeing to the Assumption of Risk, Waiver of Liability, adherence to the Volunteer Guidelines, & Covid-19 Agreement.

Volunteer name: _____ **Is this a minor?** Y N

Volunteer Signature (or legal guardian) and date (put your full name to indicate you understand and agree to the above) *
