

Date:

Waiver of Liability for Providing Volunteer Services

I, _____, wishing to volunteer my time and services for Cary Christian Center hereby acknowledge that said organization is doing everything they can to protect the public as well myself as a volunteer. To this extent, I agree to follow Centers of Disease Control (CDC) and local health district guidelines and Cary Christian Center policies and procedures for social distancing to reduce the spread of Novel Coronavirus, or COVID-19. This will require me to maintain six (6) feet of distance between myself, fellow volunteers, and patrons of the organization as much as possible. This procedure will be required for visitor-to-visitor contact as well to limit exposure.

I agree to utilize surgical masks or improvised masks such as scarves, bandanas, and handkerchiefs to reduce the risk of exposure to myself and others. I agree to wash or sanitize my hands after using the restroom, sneezing, and coughing, and before eating or preparing meals or sundries for distribution, and will properly wear and utilize sterile gloves. Masks can only be removed to eat and/or drink while on the premises.

I understand that I may be informed of or encounter sensitive Personal Health Information (PHI) for those that Cary Christian serves. I agree to hold this information in confidence and will not disseminate any PHI except as allowed by law and/or per the policy and procedures of said organization which I am volunteering for.

I understand that there is no direct medical health coverage afforded to me during my relationship with Cary Christian Center. Cary Christian is not responsible for any potential exposure to Novel Coronavirus, or COVID-19, which is not a direct result of negligence on the part of their employees, volunteers, or the organization. Unless specifically stated in writing, I understand that there is no Mississippi Labor and Organization employment security insurance provided to me.

By signing below, I agree to comply with the written instructions above. Failure to comply with these written instructions or verbal instructions from staff may result in my volunteer privileges being removed and I may be asked to leave the premises.

Printed Name

Signature

Director or Designated Alternative Name and Title

Authorized Signature

Date

This waiver is a sample only and does not constitute legal advice. Please take into consideration your unique circumstances before deciding to utilize it, in whole, or in part. While NPIP does its best to ensure accuracy, we make no assertion that this sample waiver is free of error. NPIP accepts no liability for any consequences, foreseen or otherwise, that occur as a result of using this waiver, in whole or in part. Members should submit this waiver to their attorney or other legal counsel for review before use.