

Capital Area Food Bank COVID-19 Volunteer Acknowledgement and Waiver

Thank you for your interest in volunteering with the Capital Area Food Bank (“the CAFB”). Given the outbreak and continued spread of coronavirus disease 2019 (“COVID-19”) in the D.C. metropolitan area, please read this COVID-19 Volunteer Acknowledgement and Waiver (the “Waiver”) carefully. Your signature and acceptance of this Waiver is required before you will be permitted to volunteer with the CAFB.

- **1.** In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below are not permitted to volunteer with the CAFB at this time. Your signature and acceptance of this Waiver constitutes your acknowledgement that you do not fall into any of the following categories: a. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath;
- b. Individuals who have traveled internationally at any point in the past fourteen (14) days; or
- c. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19, or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities.

2. The U.S. Center for Disease Control has stated that older people, as well as people of all ages who have a severe underlying health condition (such as, for example, heart disease, lung disease, or diabetes) appear to be at a higher risk of developing a serious COVID-19 illness. Your signature and acceptance of this Waiver constitutes your acknowledgement that you are in good physical health and have no physical condition which prevents you from safely volunteering with the CAFB.

3. You acknowledge that your participation as a CAFB volunteer is entirely voluntarily. Given the ongoing concerns about the COVID-19 outbreak, the risk of contracting COVID-19 or incurring other injury or illness (which could be serious or disabling) is always present and cannot be entirely eliminated. **WITH KNOWLEDGE OF THIS RISK, YOU AGREE TO ACCEPT ANY AND ALL RISKS OF PERSONAL INJURY OR ILLNESS OR DEATH, INCLUDING RELATED TO COVID-19 ILLNESS CONTRACTED DURING THE TIME THAT YOU ARE VOLUNTEERING WITH THE CAFB.** You further understand that your health and safety is your responsibility and that you are free at any time to refuse, and should refuse, to do anything for the CAFB that you are not comfortable with or that may pose a hazard to the health or safety of you or anyone else. In consideration of the opportunity afforded you to volunteer with the CAFB, you, on behalf of yourself and, to the extent permitted law, on behalf of your spouse, heirs, executors, administrators, assigns, and other persons or entities acting or purporting to act on your behalf, hereby generally and completely release, acquit, and forever discharge the CAFB and its current and former directors, officers, employees, agents, successors, affiliates, assigns, sponsors, donors, volunteers and representatives (collectively, the “Released Parties”) of and from any and all claims, liabilities, and obligations, both known and unknown, that arise out of or are in any way related to your volunteering with the CAFB.

I have read this COVID-19 Volunteer Acknowledgement and Waiver, understand that I am giving up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature.

Volunteers under the age of 18 are required to secure the signature of a parent or guardian in order to volunteer.

Name of Volunteer Name of Parent/Guardian

Signature of Volunteer Signature of Parent/Guardian

Date _____ Date
