

Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19 for City Volunteers

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies have requirements and recommendations specific to COVID-19.

The City of Sherwood has put in place preventative measures to reduce the spread of COVID-19 in accordance with the requirements and recommendations of the Oregon Health Authority; however, the City cannot guarantee that you will not become infected with COVID-19. Further, volunteering with the City could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by volunteering with the City and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, and other volunteers, and that these risks cannot be eliminated.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my volunteering with the City. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the City of Sherwood, its elected officials, officers, employees, agents, volunteers, and representatives, (collectively, “the Released”) of and from the foregoing, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after volunteering with the City. My signature indicates I DO NOT HOLD the Released accountable for any accidents or the spread of COVID-19 that may occur as a result of volunteering with the City.

I further certify that I am physically qualified to volunteer with the City.

I hereby authorize City staff to act for me, according to their best judgement, in any medical emergency.

I understand the terms of this Waiver, and understand that I am giving up substantial rights, including my right to sue. I intend, by my signature, for this Waiver to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, AND I SIGN IT OF MY OWN FREE WILL. I INTEND THAT THIS WAIVER BINDS ME, MY HEIRS, ASSIGNS, AND ANYONE CLAIMING INTEREST THROUGH ME.

Signature of Volunteer

Date

Print Name of Volunteer