

Brisbane Village Helping Hands Communicable Disease Waiver and Release

This Communicable Disease Waiver and Release Agreement (“CDW”) is entered into by and between _____ (“Participant”) and Brisbane Village Helping Hands (“BVHH”), a 501(c)(3) nonprofit corporation. Participant desires to participate in the services provided by BVHH as a volunteer and/or as a member of BVHH. Participant has executed a separate Volunteer and/or Membership Agreement with BVHH. This CDW specifically addresses the risks arising from the novel coronavirus (“COVID-19”) and other communicable diseases. By signing this CDW Participant agrees as follows:

1. Participant acknowledges that he/she understands the health risks associated with participating in volunteer-provided transportation and other BVHH services, which include potential exposure to a communicable disease such as COVID-19, a virus that causes serious illness and may lead to death.
2. Participant understands that “social distancing” (maintaining a minimum distance of six feet from all other people, regardless of whether they show symptoms of illness) is the primary method recommended by the Centers for Disease Control and Prevention to stem the spread of COVID-19. Participant acknowledges that safe social distancing is not possible in a private vehicle and may not be practical in other situations where a BVHH volunteer provides services to a BVHH member.
3. Participant agrees that, prior to and while participating in BVHH services, it is his/her responsibility to be informed about and to take additional available actions that are calculated to minimize exposure to and transmission of disease. Participant acknowledges that he/she may nevertheless be exposed to a heightened risk of contracting a communicable disease by participating in BVHH services and activities.
4. Participant agrees not to provide or accept BVHH services if participant is ill or experiencing any of the symptoms associated with COVID-19 or another communicable disease. Participant agrees to notify BVHH if he/she experiences such symptoms or illness within 14 days of participating in BVHH services. Participant consents to BVHH using this information for contact tracing and/or to alert other members, volunteers, employees, officers or agents of BVHH of their potential exposure to a communicable disease.
5. Participant understands and agrees that BVHH is not liable for any illness or death that may occur as a result of Participant’s participation in BVHH services or activities. As a condition of participating in BVHH services and activities Participant, on behalf of him/herself and his/her executors and assigns, releases and forever discharges BVHH and its members, volunteers, agents, officer and employees from any claims, demands or damages arising out of or related to Participant’s actual or potential exposure to a communicable disease in connection with Participant’s provision or acceptance of BVHH services.

_____ Check here if you agree to the waiver and sign and print your name and the date below.

Signature of Participant

Print Participant’s Name

Date

_____ Check here if you are not yet ready to sign the waiver and print your name and the date below.

Print Participant’s Name

Date