



## VOLUNTEER ASSUMPTION OF RISK, WAIVER OF LIABILITY AND COMMUNICABLE DISEASES/ COVID-19 AGREEMENT

Volunteer Name: \_\_\_\_\_  
Phone - Work: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_  
Address: \_\_\_\_\_

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. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. **Eugene School District 4J and its schools cannot completely mitigate the transfer of communicable diseases like COVID-19. Volunteering at/for a district school or program includes possible exposure to and illness, injury, or death from communicable diseases, including COVID-19, which may result from the acts or omissions of myself and others including but not limited to employees, other volunteers, program participants and their families.** By signing this agreement, I voluntarily choose to assume the risk of all bodily injury, medical treatment, illness, and/or death that may result from my volunteering for the school, even if it results from the Eugene School District 4J's negligence or that of its employees or agents.

I hereby release, waive, discharge, exonerate, promise not to sue concerning, and agree to indemnify and hold harmless the Eugene School District 4J, its Board of Directors, the individual members thereof, and all officers, agents, employees, and representatives from any and all liability, causes of action, claims, demands, damages, expenses and compensation, including attorneys' fees, fines or other costs arising out of any exposure to or illness or injury from a communicable disease, including COVID-19, which may result from or have any connection to my volunteering. I give this release to the fullest extent of the law, for myself, and my heirs, administrators, executors, successors and/or assignees. I certify and represent that I have the legal authority to waive, discharge, release, indemnify, and hold harmless the released parties.

I acknowledge that volunteering is a privilege, not a right, and I understand and agree to follow the safety and hygiene protocols set forth by the Oregon Health Authority, the Eugene School District 4J and the school site where I am volunteering, including but not limited to the following:

- I will decline volunteering opportunities with the school and not participate in any school activities, practices or events or enter school property if I have symptoms of COVID-19. Signs and symptoms of COVID-19 include: Fever of 100°F or greater; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.
- I will review and monitor my symptoms every day prior to volunteering or appearing at in-person activities and events.
- I will not attend any school activity, practice or event or enter school property if I have been exposed to someone with COVID-19, have COVID-19, am presumed to have had COVID-19 in the

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last 14 days; have been advised by a health care provider to self-quarantine due to concerns related to COVID-19; or am awaiting COVID-19 test results.

- I will notify the school athletic director or administrator, as appropriate, if I receive a COVID-19 diagnosis, test positive for COVID-19, or am advised to self-quarantine due to concerns related to COVID-19. This notification is required of employees, and is necessary to enable designated district contract tracers to take measures to control the spread of COVID-19, when necessary and under public health guidance.
- I will not participate in any school activities or enter district properties whether indoor or outdoor until 14 days has passed from my last potential exposure to COVID-19.
- I will wear a face covering and maintain 6 feet of distance from others at all times when attending any in-person extracurricular or athletic activity, practice or event. I will not myself, nor permit athletes, to engage in physical contact with other athletes during practices or contests.
- I will model and support safety protocols expected of student athletes.

I am volunteering for the school. I understand volunteering with the school means that no compensation is expected in return for the services I provide, and that the school and the Eugene School District 4J will not provide any benefits typically associated with employment. I further acknowledge that I am responsible for my own insurance coverage in the event of illness or personal injury as a result of volunteering for the school.

**I certify that I have read this document in its entirety and fully understand its contents. I agree to this Volunteer Assumption of Risk, Waiver of Liability and COVID-19 Agreement. I freely and voluntarily assume all risks of such hazards and notwithstanding such, release the Eugene School District 4J from all liability for any loss regardless of cause, and claims arising from my volunteering for the school or any other district program.**

\_\_\_\_\_  
Volunteer (Print Name)

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

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