

# District Council 16

## Volunteer Activist Committee Covid-19 Waiver

*Please complete legibly and thoroughly*

Print Name: \_\_\_\_\_ Local Union #: \_\_\_\_\_ Retired: Y N

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

County (Not Country): \_\_\_\_\_ SS #: \_\_\_\_\_ (last 4 digits only)

I acknowledge and understand the following:

1. **By signing this waiver to volunteer with the VAC the undersigned understands that you are expected to comply with all measures outlined by the State of California Governor's Office as outlined at <https://covid19.ca.gov> and/or the State of Nevada Governor's office as outlined at <https://nvhealthresponse.nv.gov> as well as any restrictions put in place by any County in which you are attending a VAC event in as they pertain to safety and preparedness for COVID19;**
2. **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 participating in this program, even if I take all required precautions, and I hold DC 16 harmless from any and all COVID-19 related liability or responsibility due to my participation in this program;**
3. **Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;**
4. **I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19; and**
5. **I hereby knowingly assume the risk of injury, harm and loss associated with the volunteering, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of DC 16.**

Sign \_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian sign for child if 17 years of age or under