



COVID-19 Volunteer Acknowledgment and Waiver

Due to the Covid-19 pandemic, extra precautions are being taken for your safety and those around you. . Please answer the following questions truthfully so we may continue to do our best to complete people-powered projects to our community. Your signature and acceptance of this Waiver (and your parent or guardian's signature if you are under 18 years of age) is required before you will be permitted to volunteer with Activate Good.

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 Activate Good 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 at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
- c. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19, or have been diagnose

2. Because the CDC has stated that a fever is one of the three most common symptoms of COVID-19, Activate Good may, in its sole discretion, conduct temperature checks of the individuals volunteering in an effort to identify individuals who may be infected with COVID-19. Individuals who have body temperatures at or above 99 degrees Fahrenheit will be asked to leave and not return until they have been COVID-19 symptom-free for at least fourteen (14) days. Your signature and acceptance of this Waiver constitutes your consent to Activate Good's temperature check policy, which may be amended from time to time, in its sole discretion.

3. You 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 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 Activate Good, 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 Activate Good 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 Activate Good.

Please self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, if you experience symptoms of COVID-19 within 14 days after volunteering with us, please notify Amber Smith, Executive Director at 919-535-6550.

Name of Volunteer : _____

Signature of Volunteer : _____

Name of Parent or Guardian (if Volunteer is under 18) : _____

Signature of Volunteer Parent or Guardian (if Volunteer is under 18) : _____

Date: _____