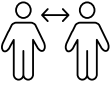









COVID Waiver of Liability



I understand:

- COVID (coronavirus) is very contagious. *California CareForce* (CCF) follows practices to help lower the spread of COVID. The CDC and many other health officials still recommend social distancing. 
- A COVID infection could happen at CCF because of something that I and/or other people at the clinic (like staff, volunteers, patients and their families) do or do not do.
- CCF cannot guarantee that I will not become infected with COVID.
- Volunteering or getting services at a CCF clinic increases my risk of exposure to COVID.
- **I agree to follow all CCF safety procedures.** This may lower the spread of COVID. 

I declare:

- **I am not sick now:** I do NOT have a cough, fever, shortness of breath, chills or shaking, muscle pain, headache, sore throat, or new loss of taste or smell. 
- In the last 14 days, I have **not** traveled:
 - out of the U.S., or
 - to any part of the U.S. with high rates of COVID. 
- I don't think I have had contact with anyone who has or is suspected of having COVID. I have not been diagnosed with COVID. 
- I follow all current CDC COVID guidelines, as much as possible. I also limit my possible exposure to COVID. 

My signature below means I understand and agree that this Waiver:

- Applies to *California CareForce* (CCF), its staff, volunteers, and Board of Directors. I am signing on behalf of myself, my heirs, and any personal representative.
- Releases and holds CCF harmless from any legal action, claim, demand, damages, costs, expenses, compensation for damage or loss to myself and/or property that may be connected to any volunteer activity at a CCF clinic or any act, service, or omission of CCF. If I am injured, get sick, die, need medical treatment, or my property is damaged in connection with my volunteer activity at CCF, or any service I received from a CCF clinic, CCF **cannot** be held responsible.

Print Your Name: _____ Sign: _____ Date: _____