

Doan Brook Watershed Partnership

AGREEMENT TO PARTICIPATE, RELEASE AND WAIVER FORM

In consideration of being allowed to participate in a Program of the Doan Brook Watershed Partnership (hereinafter referred to as SPONSOR), and recognizing this program may involve activities which may contain hazards that may or may not be predictable, I, intending to be legally bound, hereby, for myself, and my heirs, executors and administrators, voluntarily assume all risks of accident or injury and release for forever discharge the SPONSOR, co-sponsors, and its respective employees, officers, agents and the community in which the Program activities are conducted, from any and all liability for personal injury or property damage of any kind sustained in association with participation in the program, whether such personal injury or property damage is caused by the negligence of the SPONSOR, co-sponsors, or their respective employees, officers, agents or otherwise. I agree to indemnify and hold harmless the SPONSOR, co-sponsors, and its respective employees, officers and agents, as well as the community in which restoration activities are conducted, from all liability, loss and expense, including, but not limited to damages, legal expenses and cost of defense, in any matter arising from participation in the SPONSOR's Program. I further agree to abide by all applicable rules and regulations promulgated by the SPONSOR and co-sponsor and agree to follow the instructions of all volunteer supervisors and/or instructors who are connected with the Program.

Volunteer COVID-19 Health & Safety Guidelines Assumption of Risk and Waiver of Liability

I, [PRINT NAME], wishing to volunteer my time and services for the DBWP/SPONSOR, hereby acknowledge that said organization is doing everything they can to protect the public, its employees and myself as a volunteer. To this extent, I agree to follow federal, state, and local health department guidelines as well as the DBWP/SPONSOR policies and procedures to reduce the spread of novel coronavirus, or COVID-19. I agree that:

- I WILL NOT attempt to volunteer if I have:
o Experienced symptoms that could be related to COVID-19 in the last 14 days
o Been around anyone who has been diagnosed with COVID-19 in the last 14 days
o Traveled to any foreign country in the last 14 days
o Been to an event where more than 50 people were in attendance in the last 14 days
o Had an above normal body temperature within the last 14 days
I WILL practice universal infection control precautions:
o Clean and wash your hands before, during, and after volunteering for a minimum of 20 seconds.
o Avoid physical contact with others and maintain a physical distance of at least 6 feet from others.
o Cover your cough and sneezes with your elbow or tissue. Immediately discard the tissue.
o If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
o Avoid touching your eyes, nose, and mouth with unwashed hands.
I WILL wear a mask or facial covering such as scarves, bandanas and handkerchiefs when working with other people during DBWP/SPONSOR programs.
I WILL properly use additional Personal Protective Equipment (PPE) if needed/provided for the task. (masks, gloves, safety glasses, etc.)
I WILL respect polite reminders from fellow volunteers & staff to adhere to these protocols.

By checking "Yes" and signing this form, I acknowledge the contagious nature of COVID-19, a virus that spreads easily through person-to-person contact, and voluntarily assume the risk that I may be exposed to or infected by COVID-19 as a result of volunteering for DBWP/SPONSOR, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. Participating in the volunteer program could increase the risk of contracting COVID-19. Though the DBWP/SPONSOR will take reasonable precautions, the DBWP/SPONSOR in no way warrants that COVID-19 infection will not occur through participation in volunteering. Additionally, I agree to comply with the guidelines stated above.

COVID-19 Health and Safety Guidelines—PLEASE CHECK HERE:

\_\_\_Yes, I affirm that I have read and I will adhere to DBWP/SPONSOR COVID-19 guidelines above.

Photo Consent

I further grant permission to the Doan Brook Watershed Partnership, its employees, volunteers or other associates, to use my likeness whether by photographic, digital, video or other means and the full right without compensation to me, my family, heirs or associates to use said likeness in any commercial or non-commercial venture including but not limited to the use in brochures, newsletters, videos, or any other means printed, electronically recorded or broadcast.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

PRINT NAME

Date

Participant (signature)