



## COUNTY OF SAN MATEO VOLUNTEER AGREEMENT AND RELEASE OF LIABILITY

I, \_\_\_\_\_, have chosen to perform certain volunteer services (“Volunteer Services”) without compensation for the County of San Mateo (“County”). I am over the age of 18. I understand and agree that I am not a County employee. I understand that I am not entitled to receive or accrue any benefits of employment including, but not limited to, payment, salary, wages, vacation, sick leave, workers’ compensation, health care, or insurance of any kind. **Initial:** \_\_\_\_\_

I am fully aware of the rules and regulations imposed by the State of California and the County of San Mateo regarding the actions that I am required to taken in order to help prevent the spread of COVID-19. Specifically, I represent that:

- I understand that I must maintain social distancing of at least six feet from other persons to the extent possible and practicable. **Initial:** \_\_\_\_\_
- I will wear a face covering at all times unless I am exempt under the County or State Face Coverings Order. **Initial:** \_\_\_\_\_

I am aware and I fully understand that there are dangers, inherent and otherwise, in performing the Volunteer Services due to the COVID-19 pandemic. I further understand that my participation in the Volunteer Services may expose me to the risk of personal injury or death and may cause me to become infected with COVID-19 and transmit it to others. I hereby acknowledge that I am participating of my own free will in the Volunteer Services and I agree to assume the full risk of any injuries and/or damages and/or losses of any kind (including but not limited to infection with COVID-19), regardless of severity and including death, that may occur in connection with my participation in the Volunteer Services. **Initial:** \_\_\_\_\_

I am aware that persons over age 65 and persons with underlying health conditions are at greater risk of contracting COVID-19 and becoming ill, potentially risking death. **Initial:** \_\_\_\_\_

I am not experiencing symptoms of COVID-19, such as a cough, fever, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, body aches, fatigue, headache, sore throat, congestion, runny nose, nausea or vomiting, diarrhea, or new loss of smell and/or taste. **Initial:** \_\_\_\_\_

I have not received a positive diagnosis for COVID-19 in the past 14 days. **Initial:** \_\_\_\_\_

No person living in my household has received a positive diagnosis for COVID-19 in the past 14 days. **Initial:** \_\_\_\_\_

I am in adequate physical condition to provide Volunteer Services. I have appropriate medical insurance in the event that medical attention is needed as a result of my Volunteer Services. I understand that in the event of injury, I am responsible for obtaining medical aid at my sole expense. **Initial:** \_\_\_\_\_

I agree that I will comply with all rules, regulations, verbal instructions, posted safety signs and County policies as a condition for providing Volunteer Services. **Initial:** \_\_\_\_\_

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I irrevocably grant to the County the right to use my name, image and likeness, including photographs, audio and video recordings in all forms and media including composite or modified representations, for the purpose of promoting the County and its services and programs. I waive the right to inspect or approve versions of my image used for publication or the written copy that may be used in connection with the images. **Initial:** \_\_\_\_\_

The County may terminate this Agreement at any time, with or without notice. **Initial:** \_\_\_\_\_

I understand that the County is not responsible for loss, theft or damages to any clothing or other personal property that occurs in connection with my performance of Volunteer Services. **Initial:** \_\_\_\_\_

I shall indemnify, defend and hold harmless the County, its departments, commissions, commissioners, agencies, boards, predecessors, successors, subsidiaries, related entities, and current and former officers, directors, trustees, agents, employees, insurers, attorneys, representatives, successor and assigns from all claims, suits or actions of every name, kind and description, relating to, arising out of or based on (a) injuries to myself (b) injuries to another person caused by me, (c) loss, theft or damage to any property or objects caused by me. **Initial:** \_\_\_\_\_

I hereby fully and forever release and discharge the County, its departments, commissions, commissioners, agencies, boards, predecessors, successors, subsidiaries, related entities, and current and former officers, directors, trustees, agents, employees, insurers, attorneys, representatives, successor and assigns from any and all liabilities, claims, demands, contracts, debts, damages, acts or omissions, obligations and causes of action of every nature, kind and description, in law, equity, or otherwise, which arise out of or relate to my performance of Volunteer Services. **Initial:** \_\_\_\_\_

**I have carefully read, fully understand, and agree to abide by the terms of this Agreement. I also understand and agree that this Agreement is to be as broad and inclusive as is permitted by the laws of the State of California and that, if any portion of this Agreement is held invalid, the remaining terms shall continue in full force and effect. This Agreement shall be binding upon me, as well as my successors, representatives, heirs, executors, assigns and/or transferees.**

Participant Name (please print): \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Emergency Contact phone number: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_