

2024 Volunteer Infectious Diseases Waiver Form

l,	(volunteer's name), in consideration for being
	wed to volunteer/participate on behalf of the (association
nam	e) association and related events and activities, acknowledge, appreciate, and agree that:
1.	Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk the risk of serious illness and death does exist; and,
2.	I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
	I willingly agree to comply with the stated and customary terms and conditions for participation regarding protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official, FEFC board members, or association board members immediately; and,
4.	I do hereby release and forever hold harmless the
risks and resp Rele	hereby certify that I have read and understand the provisions in this waiver/release, including the associated with my presence, participation, and personal responsibilities for adhering to the rules regulations for protection against communicable diseases. Furthermore, I accept these risks and consibilities. I consent and agree to release and agree to indemnify and forever hold harmless the casees for any and all liabilities incident to my presence or participation in these activities as wided above, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent provided by law.
Name of volunteer:	
Signature:	
Date signed:/	