



Operation Lifesaver, Inc. (OLI)

COVID-19 Waiver of Liability for OLI Volunteers

I, _____, am choosing to serve as a volunteer (an Operation Lifesaver Authorized Volunteer (OLAV), Coach, or Instructor) (“volunteer”) for Operation Lifesaver, Inc. (“OLI”) while COVID-19 remains a risk, as determined by OLI (“COVID-19 Duration”). I acknowledge that OLI encourages its volunteers to volunteer remotely during the COVID-19 Duration. I further acknowledge that, at all time during the COVID-19 Duration, I have the option to serve remotely as an OLI volunteer, and that I will never be required or forced to participate in, or attend, an in-person event, including, but not limited to, a gathering, activity, presentation, meeting, in-service, training, fair, speaking engagement, or demonstration (“Event”) on behalf of, or in connection with, OLI or an Operation Lifesaver state program (“OL state program”). I further acknowledge that I am permitted, at my personal discretion and choice, to voluntarily participate in, or attend, an in-person Event on behalf of, or in connection with, OLI or an OL state program, so long as I fully comply with OLI policies and any applicable policies of the OL state program. I further acknowledge that there is no medical health insurance coverage provided to me by OLI or any OL state program.

In the event that I choose to voluntarily attend an in-person Event on behalf of, or in connection with, OLI or an OL state program:

- I acknowledge the contagious nature of COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.
- I acknowledge that OLI has put in place preventative measures, set forth herein, designed to reduce the spread of COVID-19, which I must comply with in full while attending an in-person Event on behalf of, or in connection with, OLI or an OL state program.
- I acknowledge that OLI cannot guarantee that I will not become infected with COVID-19.
- I acknowledge that the risk of becoming exposed to and/or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others present at the in-person Event.
- I acknowledge that I am increasing my risk to exposure to COVID-19 by attending the in-person Event, and I nevertheless voluntarily choose to take that risk and all attendant risks.

By my voluntary attendance at an in-person Event on behalf of, or in connection with, OLI or an OL state program, I attest that:

- Within 20 days prior to the in-person Event, and at the time I attend the in-person Event, I am not feeling ill or experiencing any COVID-19-associated symptoms, included but not limited to cough, shortness of breath or difficulty breathing, fever, chills, muscle or body aches, headache, sore throat, new loss of taste or smell, nasal congestion or runny nose, nausea or vomiting, or diarrhea.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of COVID-19 within 14 days prior to my attending the Event in person.
- I will comply with all applicable federal, state, and local quarantine requirements.
- I have not been diagnosed with COVID-19; or, if I have been diagnosed with COVID-19, I have been cleared as non-contagious by a licensed physician or state or local public health authorities at the time of my attending the Event in person.

- I will comply with the following safety and hygiene protocols when attending the Event:
 - I will wear a cloth face mask/covering that covers my mouth and nose at all times while attending the Event in person;
 - I will sanitize and/or wash my hands with soap and water for at least 20 seconds prior to entering or re-entering the Event space/location;
 - I will cough or sneeze into my face covering, a tissue, or other material (e.g., shirt or jacket) and immediately wash or sanitize my hands after coughing or sneezing while attending the Event in person;
 - I will maintain a physical distance from others of at least 6 feet while attending the Event in person;
 - I will otherwise limit my exposure to COVID-19 prior to, and while, attending the Event in person by following current CDC guidelines, as well as any applicable federal, state, or local requirements of which I am aware or reasonably should be aware.

I hereby release and agree to hold OLI harmless from, and waive on behalf of myself, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damage or loss to myself, family, and/or property that may be caused by any act, or failure to act, of OLI, or that may otherwise arise in any way in connection with OLI or an OL state program. I understand that this release discharges OLI from any liability or claim that I, my heirs, or any personal representatives may have against OLI with respect to any bodily injury, illness, death, medical treatment, or any other loss (including property loss) that may arise from my choice to voluntarily attend an in-person Event on behalf of, or in connection with, OLI or an OL state program.

I acknowledge that by signing this Waiver, I am legally binding myself to the terms of this Waiver.

Printed Name

Signature

Date