**County of Orange Volunteer/Intern**

**Assumption of Risk and Waiver of Liability Relating to COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact, some of which may be asymptomatic. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The County of Orange (“County)” has put in place preventative measures to reduce the spread of COVID-19; however, **County cannot guarantee that you will not become infected with COVID-19**. Further, participation in the County’s volunteer/unpaid intern program could increase your risk of contracting COVID-19 and transmitting it to others.

By signing this agreement, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in County’s volunteer/unpaid intern program and that such exposure may result in personal injury, illness, permanent disability, and death as well as transmission of the virus to other individuals. I understand that the risk of becoming exposed to or infected by COVID-19 while volunteering/interning for the County may result from the actions, omissions, or negligence of myself and others, including but not limited to County employees, volunteers and members of the public.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability and death), illness, damage, loss, claim, liability or expense, of any kind, that I may experience or incur in connection with my participation in the County’s volunteer/unpaid intern program. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the County, its elected and appointed officials, officers, agents and employees, from any and all claims for damages and/or liability of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the County, its elected or appointed officials, officers, agents and employees, whether a COVID-19 infection occurs before, during or after my participation in County’s volunteer/unpaid intern program.

I represent that I do not currently exhibit, and have not exhibited at any point in the last 72 hours, any of the symptoms of COVID-19, which, pursuant to CDC guidelines, include (but may not be limited to), fever, cough, or shortness of breath. I agree that if I begin to develop any of these symptoms or test positive for COVID-19, I will immediately advise the County and will immediately cease all volunteer/intern work.

**I CERTIFY THAT I HAVE READ THIS AGREEMENT AND WAIVER AND RELEASE OF LIABILITY, KNOW, UNDERSTAND AND AGREE TO BE BOUND BY ITS CONTENTS, AND SIGN IT OF MY OWN FREE WILL.**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the participant is under the age of 18, a parent or legal guardian must read and sign this Agreement, agreeing to be bound by its terms and verifying that he/she is the parent and/or the legal guardian of the minor.

Parent/Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_