



Volunteer Waiver and Release of Liability

Pathways of Hope, formerly known as Fullerton Interfaith Emergency Service, Inc. ("Pathways") has put in place preventative measures to reduce the spread of COVID-19; however, Pathways **cannot guarantee** that you will not become infected with COVID-19. Further, **volunteering with Pathways could increase** your risk of contracting COVID-19. Pathways does not have insurance covering volunteers for any sickness or injury, including sickness or injury resulting from COVID-19.

Please read carefully: 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 volunteering with Pathways and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while volunteering with Pathways may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Pathways employees, volunteers, and program participants and their families.

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 volunteering at Pathways or participation in Pathways programs ("Claims"). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Pathways, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses 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 Pathways, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Pathways program.

I understand that my participation in Pathways programs, operations and/or maintenance is a voluntary activity, and that I am donating my time and my labor. I agree to perform my assigned tasks in a responsible manner. In consideration of being allowed to participate in volunteer activities, I hereby assume any risk and waive any claims of personal injury, death or damage to personal property associated with activities and/or events of Pathways. I understand that this Waiver and Release discharges Pathways and all officers, directors, employees, agents and volunteers of the organization from any and all claims, demands, or actions, arising from or in any way connected with my participation in volunteer activities.

I agree not to divulge any information or client records regarding persons who are receiving services or other assistance from Pathways of Hope. All volunteers are required to safeguard data, provide privacy and security provisions with respect to all clients, participants, students workers, donors, staff, interns, or other volunteer information. Steps should be undertaken to always lock the computer screen when away from it and keep all documents secured. Personal information is strictly confidential and must not be shared outside of Pathways.

I acknowledge that I have carefully read this **Waiver and Release of Liability** and fully understand that I am waiving any right that I may now or hereafter have to assert any claim or bring legal action against Pathways in connection with my participation in Pathways volunteer activities.

Photo Release: I hereby give my permission to have photos and/or video recordings taken of me for publicity purposes during Pathways activities, even though no compensation of any kind will be received for appearing in such photos or video recordings.

Adult Volunteer or Parent Signature: _____ **Print Adult Name:** _____

Minor Name (print): _____ **Date:** _____