



**WAIVER OF LIABILITY FOR
VOLUNTEER PARTICIPATION WITH
GRAIN VALLEY BAND PARENTS ASSOCIATION**

By signing below, I, _____ (Name), agree to volunteer in the following program or activity
on _____ (Date) with the Grain Valley Band Parents Association ("GVBPA"):

(Program)

(initials) I acknowledge that federal and state government officials have declared that there currently exists a public health crisis in our country related to the Coronavirus Disease 2019 ("COVID-19").

(initials) I confirm that I will not participate in the program or activity if, at any time during the program or activity, I am showing any symptoms of COVID-19 (including but not limited to fever, dry cough, fatigue, shortness of breath, chills, muscle pains). Additionally, I confirm that I will not participate in the program or activity if, at any time during the program or activity, I have been in contact with any individual diagnosed with COVID-19 or any individual currently waiting for test results confirming the possibility of a COVID-19 diagnosis.

(initials) I understand that the Grain Valley Band Parents Association cannot prevent the possible transmission or contraction of COVID-19 for me.

The undersigned agrees to release, discharge, hold harmless and indemnify the Grain Valley Band Parents Association, its agents, officers, Board of Directors, members, insurers and others acting on the GVBPA's behalf (the "Releasees"), of and from any and all claims, demands, causes of action and/or legal liabilities for injuries to or death of myself occurring during, or resulting from, or participation in the above-mentioned program or activity and related in any way to COVID-19, even if the cause, damages or injuries are alleged to be the fault of or alleged to be caused by the negligence or carelessness of the Releasees.

Signature: _____

Date: _____

Internal Use Only: Completed by Volunteer Coordinators at Check-In and Check-Out

Check-In Time: _____

Check-Out Time: _____

Hours Worked: _____

Approved By: _____