



Blue Ridge Area
FOOD BANK
Everyone should have enough to eat.



Volunteer Assumption of Risk, Waiver of Liability & COVID-19 Agreement

Agreement

- I attest that I am not experiencing any symptoms of illness such as a fever, cough, or shortness of breath. If I develop these symptoms, I agree that I will cancel my shift before arriving at the Food Bank, as far in advance as possible
- I am aware that I must follow the safety and hygiene protocols that have been implemented by the Blue Ridge Area Food Bank and that are posted onsite for my review
- I attest that:
 - I have not traveled internationally in the past 14 days
 - I have not traveled to a highly-impacted area within the United States in the past 14 days
 - I do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19
 - I have not been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities
 - I am following recommended guidelines as much as possible - practicing social distancing by participating in group activities of fewer than 10, trying to maintain separation of six feet from others, and otherwise limiting my exposure to the coronavirus.

Assumption of Risk and Waiver of Liability

I acknowledge that I have voluntarily applied to the Blue Ridge Area Food Bank's volunteer program. I understand that the scope of my volunteer relationship with the Blue Ridge Area Food Bank is limited to a volunteer position and that no compensation is expected in return for services provided by me; that the Blue Ridge Area Food Bank will not provide any benefits traditionally associated with employment; and that I am responsible for my own insurance coverage in the event of illness or personal injury as a result of my services to the Blue Ridge Area Food Bank.

I understand that my volunteer activities with Blue Ridge Area Food Bank may include activities that could be hazardous to me, including but not limited to packing, loading, unloading and carrying heavy items, transportation to and from work sites, and exposure to people with infectious diseases. I fully understand and appreciate the risks that are inherent to my volunteer activities. I hereby assume the risk of bodily injury, illness, death, medical treatment and property damage resulting from my volunteer

activities, even if resulting from the negligence of Blue Ridge Area Food Bank or its officers, directors, employees or agents.

I hereby release, discharge and agree to indemnify and hold the Blue Ridge Area Food Bank harmless from, and waive on behalf of myself and my heirs and personal representatives and any minors I am responsible for who volunteer with me, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the Blue Ridge Area Food Bank, or that may otherwise arise in any way in connection with any voluntary activities with, or for the Blue Ridge Area Food Bank. I understand that this release discharges Blue Ride Area Food Bank from any liability or claim that I or my heirs, personal representatives or minors I am responsible for may have against Blue Ridge Area Food Bank with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from or in connection with my volunteer activities. This liability waiver and release extends to the Blue Ridge Area Food Bank together with all of its officers, directors, affiliates, employees and agents.

I agree that this release will be governed by Virginia law and that the exclusive venue for any dispute arising from this release will be a court of competent jurisdiction sitting in Charlottesville, Virginia.

Volunteer Signature: ____ (electronic signature via Volunteer Hub)