**VOLUNTEER RELEASE AND WAIVER**

**ASSUMPTION OF RISK**

I acknowledge that I have voluntarily signed up to serve at [CLINIC]. I understand that the scope of my volunteer relationship with [CLINIC] is limited to a volunteer position and that no compensation is expected in return for services provided by me; that [CLINIC] 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 service to [CLINIC].

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 in-person program activities and that such exposure may result in personal injury, illness, permanent disability, and death.

I understand that the risk of being exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, [CLINIC] employees, volunteers, and program participants and their families.

I hereby assume the risk of bodily injury, illness, medical treatment and property damage resulting from my volunteer activities, even if resulting from the negligence, active or passive, of [CLINIC] or its officers, directors, affiliates, employees or agents. The decision to engage in in-person activities is my decision, not the decision of [CLINIC].

**RELEASE AND WAIVER OF LIABILITY**

I hereby release, covenant not to sue, and discharge and hold harmless [CLINIC] from any and all liabilities, causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and / or property that may be caused by an act, or failure to act of [CLINIC], or that may otherwise arise in any way in connection with any voluntary activities with, or for, [CLINIC].

I understand that this release discharges [CLINIC] from any liability or claim that I or my heirs, personal representatives or minors I am responsible for may have against [CLINIC] with respect to any bodily injury, illness, medical treatment that may arise from, or in connection with, my volunteer activities, whether a COVID-19 infection occurs before, during, or after participation in any programs of [CLINIC]. This liability waiver and release extends to [CLINIC] together with all of its officers, directors, affiliates, employees and agents.

I further expressly agree that the foregoing assumption of risk, release and waiver of liability is intended to be as broad and inclusive as is permitted by the laws of the state of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I agree that this release will be governed by New Jersey law and that the exclusive venue for any dispute arising from this release will be a court of competent jurisdiction sitting in Hudson County, New Jersey.

**ACKNOWLEDGEMENT AND UNDERSTANDING**

I have carefully read and voluntarily sign this assumption of risk and release and waiver of liability, and further agree that no oral representations, statements or inducement apart from the foregoing written agreement have been made. I am aware that by agreeing to this agreement I am giving up valuable legal rights, including the right to recover damages from [CLINIC] in case of illness, injury, death or property loss or damage, including, and without limitation, exposure to COVID-19 at any facility or program and any illness, injury or death resulting therefrom. I understand that this document is a promise not to sue and a release of and discharge of all claims.

First Name:

Last Name:

Primary Email Address:
Phone number: