

COVID-19 Acknowledgement of Risks (Volunteer)

I, _____ [print name of volunteer], acknowledge and agree that, as a volunteer of St. Michael Parish and School, entering onto the premises of the school or parish, having personal contact with students, parents, and other individuals, and otherwise engaging in volunteer activities, involves a certain degree of risk, namely of acquiring a communicable disease, including COVID-19, and then potentially passing it on to others, including family members. Due to the highly contagious nature of COVID-19, the characteristics of the virus, and the close proximity of students, teachers, and other individuals, I understand there is an elevated risk that I may contract the disease simply by being in the building, on the premises of the school or parish, at any school or parish function, or otherwise engaging in volunteer activities.

By signing this Acknowledgement of Risks Form below, I acknowledge and agree that after carefully considering the risks involved, and having the opportunity to discuss these risks with any healthcare professional(s) of my choosing, I voluntarily and willingly accept those risks and acknowledge that engaging in volunteer activities is my choice. If I have underlying health concerns which may place me at greater risk of contracting any communicable disease, including COVID-19, I acknowledge and agree that I will consult with a health care professional before I engage in volunteer activities, attend any school or parish function, or visit the premises of the school or parish. Moreover, I acknowledge that while adherence to safety and precautionary measures (e.g., social distancing guidelines, facemasks, handwashing, etc.) may reduce possible exposure to the risk of contracting a communicable disease, the possibility of serious illness and death remains. I do hereby accept and assume sole responsibility for any illness acquired by me while engaging in any volunteer activities or while at the school or parish or any school or parish function, including possible infection with COVID-19.

I further acknowledge, understand, and agree that I have obligations to the school and parish, its employees/staff members, students, and others to take certain precautions and make certain disclosures to prevent the spread of COVID-19 as outlined by the State of Ohio and the applicable local public health department.

Signature: _____ Date ___/___/_____

Print Name: _____ Phone No. (cell): _____