**Junior Achievement of Southern Mass**

**JA Volunteer COVID-19 Waiver and Release**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies have established guidelines to reduce the risk of spreading the virus. These include requiring social distancing and, in many locations, prohibiting the congregation of large groups of people.

Junior Achievement of Southern Mass and its employees, agents, representatives and affiliates (collectively “JA”) engage with volunteers (“JA Volunteer”) to deliver K-12th grade programs in-person and on-line, for the purpose of fostering work-readiness, entrepreneurship and financial literacy skills. JA collaborates with certain school districts and educational institutions to connect JA Volunteers with students and other program participants.

While JA is offering many of its programs on-line, some of its partner school districts and institutions are offering or planning to offer in-person and on-campus learning. As such, JA Volunteers may elect to provide JA programs in person. The option to participate in person is completely voluntary, and no JA Volunteer is required to provide programming in person. JA is and will remain wholly supportive of JA Volunteers opting out of in-person programming. Although JA believes that JA’s partner school districts and institutions that are offering in-person learning have put in place preventative measures to reduce the spread of COVID 19, JA cannot guarantee you will not become infected with COVID-19 should you choose to volunteer in person. Further, volunteering in person could increase your risk of contracting COVID-19.

Given the severity of the COVID-19 pandemic, if I elect to volunteer in person, I agree as follows:

Waiver & Release of Liability

* 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 in person 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 in person may result from the actions, omissions, or negligence of myself and others, including, but not limited to, JA, school, or institution employees, volunteers, and program participants, students, 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 (“Claims”).
* I hereby release, covenant not to sue, discharge, and hold harmless JA, its employees, agents, representatives and affiliates, 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 JA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after volunteering.

Confirmation of Health

* To prevent the spread of COVID-19 and to reduce the potential risk of exposure to all parties, I confirm that I will not participate in any on-campus or in-person volunteer activities if I am showing any symptoms of COVID-19 (including but not limited to fever, dry cough, fatigue, shortness of breath, chills, muscle pains), or if I have had any known recent exposure to any individual diagnosed with COVID-19 or any individual currently waiting for test results confirming the possibility of a COVID-19 diagnosis. I agree that in such situations I will not volunteer on campus or in person until: (i) 14 calendar days after the symptoms first appeared and I am no longer showing any symptoms; or (ii) a healthcare provider has confirmed in writing that I have tested negative for COVID-19 or that my symptoms were not due to COVID-19.
* In addition, to prevent the spread of COVID-19 and reduce the potential risk of exposure to all parties, I will wear a mask or face covering as requested, I will strive to maintain adequate physical distance from all individuals, and I will follow any additional protocols communicated to me.

I am signing this waiver voluntarily and with the understanding that it is binding on, and shall benefit, JA, me and our respective (as applicable) heirs, devisees, legatees, representatives, guardians, conservators, administrators, successors, assigns, agents, transferees and estates.

|  |  |
| --- | --- |
| ­­­­­­­­­­­­­­­­­­  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Volunteer’s Name (Print)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Volunteer’s Signature  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Name (Print)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature  (Individually and on behalf of Volunteer if Volunteer is Under 18)  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |