

Appendix G

COVID-19 Rider and Release of Liability – Volunteer

(Insert Parish Name & Town Here)

PLEASE NOTE THAT, BY SIGNING THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, YOU ARE NOT ONLY REQUESTING TO PARTICIPATE IN THIS ACTIVITY AND CONSENTING TO SUCH PARTICIPATION, BUT YOU ARE ALSO WAIVING LEGAL RIGHTS AND CLAIMS THAT MIGHT ARISE OUT OF SUCH PARTICIPATION.

I hereby voluntarily request to participate in, and consent to participation in, activities provided by the Archdiocese of Newark, and **(insert Parish & Town Here)**

I am aware and acknowledge that serious health risks exist due to the COVID-19 pandemic. I understand that **(insert Parish & Town Here)** is implementing various recommended and required rules, procedures, and protocols to minimize the spread of the virus. I also understand that these rules, procedures, and protocols may change as more is learned about the virus and as conditions change. I understand and appreciate the known and potential dangers of participating in the activity despite OYYAM’s reasonable efforts to mitigate such dangers.

I recognize, acknowledge, and agree that participation includes possible exposure to and illness from infectious diseases including COVID-19. While rules, procedures, protocols, and personal discipline may reduce the risk, the risk of serious illness and death does exist. I knowingly and freely assume such risks and assume full responsibility for my participation in this activity. I willingly agree to review the rules and conditions for participation with regard to precautions intended to minimize the risk of contracting or spreading the virus and agree that I will comply with such rules and conditions. I acknowledge and agree that I may be dismissed from the activity for failure to comply.

In consideration of the opportunity to participate in this activity, I release any and all claims against **(insert Parish & Town Here)**, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, for damages and/or injuries or for any illness, disability, death, loss or damage related to exposure to, or infection with, COVID-19 which may arise from participation in this activity and agree to indemnify and hold these entities harmless from and against any such claim or claims arising out of or in any way connected with my participation in the activity.

Volunteer’s Signature: _____

Print Volunteer’s Name: _____

Date: _____