

## **CORONAVIRUS/COVID-19 WAIVER FOR PARTICIPANTS AND VOLUNTEERS**

Prior to being eligible to participate in Senior Center activities or Choice programs sponsored by *Aging Ahead*, during *Aging Ahead* hours of leased services, participants must initial and agree to all portions of the following waiver declaration, then sign and submit the entire document to an *Aging Ahead* employee.

- I acknowledge the contagious nature of the Coronavirus/COVID-19. I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19. I acknowledge that my health and safety are primarily my responsibility, especially as it relates to my own health condition, observance of public health guidance, and interactions with others.
- I further acknowledge that *Aging Ahead* has put preventative measures in place at Senior Centers to reduce the spread of the Coronavirus/COVID-19 and that I am responsible to adhere to these measures.
- I further acknowledge that *Aging Ahead* cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Senior Center staff, and other Center participants and their families.
- I am voluntarily attending Senior Center activities or Choice programs and acknowledge that I am increasing my risk of exposure to the Coronavirus/COVID-19 by participating in Senior Center activities or Choice programs. I acknowledge that I must comply with all Agency and location-specific procedures to reduce the spread while participating in in-person activities. I acknowledge and have personally determined to accept the risks of being in a public gathering place during the existence of a pandemic.

I attest that:

- I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. I understand that I will be expected to monitor any COVID-related symptoms each time I enter the facility. Should there be any symptoms, I will voluntarily leave the Center or community location.
- I have not traveled internationally within the last 14 days.

- I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

I agree that:

- I will conduct myself in manners that are, at all times, respectful of a diversity of Covid sensitivities, understanding that different individuals have varying levels of being infected by COVID. I will respect the requests of others with regard to COVID precautions. I will not harass, bully, or ridicule any ***Aging Ahead*** participant, volunteer or employee for their beliefs or precautions related to COVID.
- I understand that within the Senior Center or community location there will be individuals who are vaccinated and individuals who are not vaccinated.
- I understand that it is my responsibility to assure that I am comfortable with the Senior Center or community location setting, and that it is my responsibility to remove myself if I am uncomfortable with any element of the shared facility.
- I understand that, at such a time as the Center begins serving congregate meals again, I will be expected to comply with seating arrangements, reservation policies, and/or any other safety requirements.
- I understand that ***Aging Ahead*** employees work within the Center and community locations and that I will be responsible for helping maintain a safe working environment for these individuals.
- I understand that the re-opening of Senior Centers and Choice programs during ***Aging Ahead*** lease hours will be maintained only to the measure of success participants are able to comply with these expectations of personal responsibility and sensitivity toward others. I understand that, should these precautions be too difficult to maintain, ***Aging Ahead*** reserves the right to curb or close ***Aging Ahead*** facility operations at any time or to revoke my Senior Center or Choice program privileges.
- I understand that updated public health data may impact a location's operations. In the event operations are adjusted, ***Aging Ahead*** will make every effort to give advance notice, but this may not always be possible.

- I understand that I assume all risks associated with my decision to participate in Senior Center and Choice program activities.

I hereby release and agree to hold ***Aging Ahead*** harmless from, and waive on behalf of myself, my heirs, and any personal representatives 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 ***Aging Ahead***, or that may otherwise arise in any way in connection with any activities in which I participate including any future action claimed as negligent. I understand that this release discharges ***Aging Ahead*** from any liability or claim that I, my heirs, or any personal representatives may have against ***Aging Ahead*** with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, my voluntary participation in any ***Aging Ahead*** Senior Center or Choice program activities. This liability waiver and release extends to ***Aging Ahead*** together with all ***Aging Ahead*** Board members, employees, volunteers, and partners.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Senior Center Location: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_