



## KEEP OMAHA BEAUTIFUL COVID-19 WAIVER

### **REQUIRED FOR ALL VOLUNTEERS, PARTICIPANTS, AND PARTICIPANT CAREGIVERS INVOLVED IN KEEP OMAHA BEAUTIFUL (KOB) SERVICE ACTIVITIES, EVENTS, OR PROGRAMS.**

I am aware of the known risks of contracting or spreading COVID-19 while providing onsite volunteer service for KOB; attending a KOB event; and/or participating in a KOB program during the time of the pandemic outbreak. I acknowledge that as COVID-19 is a new and emerging disease, much about it is unknown.

I am aware that my onsite involvement may increase my risk of contracting and transmitting the COVID-19 virus and agree to assume the risks of, and hold harmless KOB and its Board of Directors, staff, volunteers, and all other individuals that I may come in contact with while providing volunteer services, attending an event, or participating in a KOB program.

I agree to and will follow all guidelines for personal hygiene, personal safety, and public safety as recommended by KOB, as well as my individual provider/practitioner. This may include, but is not limited to, maintaining at least six feet social distance; limiting the number of people attending with me to what is outlined by KOB at the time; washing my hands prior to, during as possible, and following each program session, activity, or event; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes; and wearing a mask and gloves. I understand that the goal of these precautions is to minimize the risk of participation in volunteering and that there is no way to eliminate all risks associated with participation.

I agree to stay home and/or cancel my involvement with KOB if I have personally exhibited or have been in contact with someone who has tested positive for COVID-19, is determined to be presumptively positive for COVID-19, or has presented with symptoms consistent with COVID-19 within the previous 2 weeks, including: cough, sneezing, fever, chest congestion, or additional signs of potential spread of any virus or bacteria/disease. I will follow the recommendations of my provider once I have notified them of these risks in regard to my future service, participation, or attendance during this pandemic.

KOB will engage in regular cleaning and sanitizing of volunteer supplies as recommended by the U.S. Center for Disease Control and Prevention (CDC) for the safety of participants, volunteers, their families, our staff, and our community.

I am signing under my own free will and agree to follow these guidelines, assume the risk of my participation, and hold harmless all individuals associated with Keep Omaha Beautiful.

**BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.**

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*In the event that the undersigned is under the age of 19, the signature of a parent or guardian is required. The parent or guardian agrees to assume the risk for the minor's participation and hold harmless all individuals associated with Keep Omaha Beautiful.*