



***Waiver of Liability for Providing Volunteer Services***

I, \_\_\_\_\_, wishing to volunteer my time and services for RotaCare Bay Area hereby acknowledge that said organization is doing everything they can to protect the public as well as myself as a volunteer. To this extent, I agree to follow Center of Disease Control (CDC) and local health district guidelines and RotaCare Bay Area guidelines for social distancing to reduce the spread of Novel Coronavirus, or COVID-19, or any other communicable infectious disease.

I agree to abide by the RotaCare COVID-19 Guidelines for In-Clinic Operations. Among other things, this will require me to wear appropriate PPE, including a face mask, exercise proper hand hygiene, and maintain six (6) feet of distance between myself, fellow volunteers, and patrons of the organization as much as possible.

I understand that there is no direct medical health coverage afforded to me by RotaCare Bay Area Free Medical Clinics. RotaCare Bay Area is not responsible for any potential exposure to Novel Coronavirus, or COVID-19, or any other communicable infectious disease which is not a direct result of negligence on the part of their employees, volunteers, or the organization. Unless specifically stated in writing, I understand that there is no insurance provided to me.

By signing below, I agree to comply with the written instructions above.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date