Volunteer Waiver

A separate form is required for each volunteer. Photocopies accepted. Please print clearly and complete both sides of this form where applicable. Required questions are noted by an asterisk (*).

A. Volunteer Contact Information

*First Name: _____ *Last Name: _____

*Address: _____

*City: _____ *State: _____ *Postal Code/Zip: _____

*Cell: _____ *Gender: ☐ Male ☐ Female

*Birth Date: (mm/dd/yyyy) _____ *Email: _____

B. Emergency Contact Information

*Emergency Contact Name: _____ Emergency Phone: _____

Please list any known medical conditions: _____

C. Liability Waiver & Policies

Important! Please sign below: If you are under 18 years of age, you must have your parent or legal guardian sign the waiver to be allowed to participate.

Waiver & Policies –

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH KEVIN GUEST HOUSE, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Kevin Guest House (KGH) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that KGH and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

This Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

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Promotional Agreement: I grant full permissions to Kevin Guest House to use the names, photographs and videography of me and/or my child and quotations from me and/or my child in accounts of and promotions, publicity, marketing or advertising for Kevin Guest House.

I have carefully read this Waiver and Release of Liability and fully understand its contents. I am aware that by signing/or checking yes I agree online to this waiver I am voluntarily agreeing to its terms, including waiving legal rights. Knowing this, I agree to these terms of my own free will.

Participant: _____ Date: _____

(Must be signed by parent or legal guardian if participant is under 18 years of age. Volunteers must 14 years of age or older.)

PLEASE COMPLETE COVID FORM ON BACK

Covid-19 Screening Questionnaire

Important Note: The below questionnaire is not a tool for medical diagnosis. Any questions you may have about your current health conditions should be addressed with a medical professional.

1. Have you, or anyone you have been in close contact with, traveled to/from any domestic or international destination(s) currently subject to a COVID-19 travel advisory within the past 14 days?
   - NO _____
2. Have you, or anyone you have been in close contact with, experienced symptoms of a communicable infectious disease such as an upper respiratory infection (URI), flu-like illness, shortness of breath, fever (over 100.4º), or recent close exposure to someone with a communicable disease within the past 14 days?
   - NO _____
3. Have you, or anyone you have been in close contact with, tested positive for COVID-19 within the past 14 days?
   - NO _____

Guidelines And Release Of Liability

You have reported that you are not displaying common symptoms of COVID-19, and that you have not knowingly been in contact with any COVID-19 patients within the past 14 days. Please follow these guidelines:

1. Wash your hands with soap and water or alcohol-based sanitizer.
2. Practice social distancing: sit and/or stand at least 6 feet from other people, do not shake hands or hug people, wear a facial covering (when unable to maintain social distancing), and do not share food or drinks.

I hereby acknowledge my responsibility to follow the guidelines set forth above in order to maintain a safe environment the Kevin Guest House Anniversary Celebration.

I hereby release Kevin Guest House from any and all liability related to contraction or transmission of COVID-19 related illness as a result of my participation in Supper in the Street. By signing below, I acknowledge that I have read and fully understand all the terms set forth above, and that I am knowingly and voluntarily giving up the right to sue Kevin Guest House. I intend my signature to be a complete and unconditional release of all liability of Kevin Guest House, and I sign this release of liability of my own free will.

Media/Promotional Agreement

I grant full permission to Kevin Guest House to use the names, photographs, image, voice, likeness, and videography of me (and any accompanying minor) and quotations from me (and any accompanying minor) in connection with any promotions, publicity, marketing, social & online media, advertising, other publications, and all other printed and electronic forms and media throughout the world, at any time, for all legitimate marketing, business, and advertising purposes for Kevin Guest House.

By signing below, I acknowledge that I have read and fully understood all of the terms set forth above.

Print Name: _____ **Date:** _____

Signature: _____

FOR STAFF/VOLUNTEER USE ONLY: check & initial

- ○ Proof of vaccination
- ○ Proof of negative COVID test

Staff/Volunteer initials_____