



CATHOLIC DIOCESE OF PEORIA, IL

COVID-19 WAIVER - ADULT VOLUNTEER

2020-21

Name: _____

Contact information: _____

Location (Name, City): _____

COVID-19 WAIVER

We, to include but not limited to the above referenced location and the Catholic Diocese of Peoria, IL have taken enhanced health and safety measures for your protection. As a volunteer we ask that you understand current health and safety concerns.

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the CDC, senior citizens, adults and children with underlying medical conditions are especially vulnerable.

By volunteering your time and talent, you voluntarily assume all risks related to possible exposure to COVID-19. It is also understood that should you be exposed to, develop symptoms of, or test positive for COVID-19, you will self-report to the volunteer coordinator at the above referenced location.

I have read the above and understand that I could be exposed to COVID-19 while volunteering at any location within the Diocese of Peoria. I also understand that it is my responsibility that if I have any symptoms or a temperature upon arrival I will not be admitted. The undersigned does hereby release, forever discharge and agree to indemnify and hold harmless my volunteer location, school, parish, the Catholic Diocese of Peoria, IL, and their staff, employees, agents, and volunteers from any and all liability, for injuries, damages, medical expenses or any other loss I or my family incur, including attorney fees, arising from claims of any kind or nature whatsoever from my participation as a volunteer.

Signature of Volunteer _____

Date: _____