

**YMCA of Central Ohio
Volunteer Waiver and Release from Liability**

Volunteer Status Acknowledgement

I understand that, as a volunteer, I am in no way, shape or form an employee of the YMCA of Central Ohio ("YMCA"). I understand and agree that I will not receive any compensation or benefit for my participation in volunteer activities, nor will I be eligible for any coverage under the Workers' Compensation laws of Ohio.

Acknowledgment of Risk

I hereby acknowledge and agree that participation in volunteer activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with volunteer activity participation, including but in no way limited to: (1) slips, trips, and falls, (2) lifting injuries, (3) athletic injuries, and (4) illness, including exposure to or infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with volunteer participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in the YMCA's programs or accessing the YMCA's facilities could increase the risk of contracting COVID-19 or other current or as yet unknown viruses or diseases. The YMCA does not make any warranties regarding the risk or likelihood of contracting COVID-19 or other current or as yet unknown viruses or diseases.**

_____ Initial

I specifically warrant that I am aware of the current CDC recommendations relating to COVID-19 and will review the YMCA's posted Health Screening Questionnaire upon entry to a YMCA facility. I further warrant that I will only enter the YMCA Facility if I can respond to each question on the Health Screening Questionnaire regarding travel, exposure to COVID-19, and symptoms with an answer of "No." I further warrant that my entry, observation, use and participation in any events at the YMCA facilities are voluntary and I take full responsibility for my decisions to use or not to use the YMCA facilities and agree to follow all safety precautions.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation as a volunteer with the YMCA of Central Ohio, I, _____, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** the YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the YMCA of Central Ohio on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA facilities/equipment or participation in YMCA programs

whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation in volunteer activities, I, the undersigned participant, agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation in volunteer activities.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in participation in volunteer activities and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in volunteer activities and that by signing this agreement I **HEREBY RELEASE** Releasees of all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in volunteer activities.

Print Name: _____

Signature: _____

Date: ____ / ____ / ____