



County of Orange Volunteer/Intern
Acknowledgment and Assumption of Risk/Waiver of Liability
Relating to COVID-19

I, _____, acknowledge that I will be participating in the County's volunteer/unpaid intern program ("the Program") and acknowledge that:

- **IN MARCH 2020, COVID-19 WAS DECLARED AS A GLOBAL PANDEMIC AND THAT COVID-19 IS EXTREMELY CONTAGIOUS AND IS BELIEVED TO SPREAD MAINLY FROM PERSON-TO-PERSON CONTACT, SOME OF WHICH MAY BE ASYMPTOMATIC.**
- **ALTHOUGH THERE ARE CURRENTLY SEVERAL COVID-19 VACCINES AVAILABLE, NOT EVERYONE CAN OR WILL CHOOSE TO BECOME VACCINATED INCLUDING COUNTY EMPLOYEES, OTHER VOLUNTEERS/INTERNS AND MEMBERS OF THE PUBLIC WHOM I MAY BE IN CONTACT WITH.**
- **PER THE CDPH, FACE COVERINGS ARE CURRENTLY REQUIRED IN INDOOR SETTINGS REGARDLESS OF VACCINATION STATUS.**
- **IF I EXHIBIT COVID-19 SYMPTOMS, TEST POSITIVE FOR OR AM DIAGNOSED WITH COVID-19, I WILL STAY HOME AND NOTIFY MY SUPERVISOR.**
- **IF I HAVE A CLOSE CONTACT WITH SOMEONE WHO HAS OR IS SUSPECTED OF HAVING COVID-19, I WILL NOTIFY MY SUPERVISOR PRIOR TO REPORTING TO WORK.**

By signing this Agreement, I understand that participation in the Program may expose me to the risk of personal injury or death and/or cause me to acquire COVID-19 or transmit it to others. Despite having knowledge of this, I voluntarily agree to assume any and all of the foregoing risks whether known or unknown that I may experience or incur in connection with my participation in the Program. On my behalf, and on behalf of my heirs or next of kin who might make a claim on my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the County, its elected and appointed officials, officers, agents and employees, from any and all claims for damages and/or liability of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the County, its elected or appointed officials, officers, agents and employees, whether a COVID-19 infection occurs before, during or after my participation in the Program.

I HAVE CAREFULLY READ THIS AGREEMENT AND WAIVER AND RELEASE OF LIABILITY; KNOW, UNDERSTAND AND AGREE TO BE BOUND BY ITS CONTENTS; AND SIGN IT OF MY OWN FREE WILL.

VOLUNTEER/INTERN

PARENT/GUARDIAN (if under 18)

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____