

## **Pacific Crest Trail Association COVID-19 Release of Liability Form**

I acknowledge that this COVID-19 release of liability form will be used by the Pacific Crest Trail Association (PCTA) for volunteer activities in which I chose to participate, and that it will govern my actions and responsibilities at said volunteer activity.

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 person released, for my contracting COVID-19, 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 PCTA volunteer activities. The following entities or persons include: PCTA staff, directors, representatives, vendors, sponsors, other volunteers, and owners of properties where volunteering is taking place.

I hereby assume all of the risks of volunteering, 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, COVID-19 risks associated with contracting COVID-19 from other participants or staff on the project, , or because of their possible liability without fault.

I indemnify, hold harmless, and agree not to sue the entities or persons referenced above from any and all liabilities or claims made as a result of volunteering with PCTA, whether caused by the negligence of release or otherwise.

I acknowledge that this volunteering may involve interaction with other volunteers and the public who may unknowingly have COVID-19, and may carry with it the potential for death, and serious injury.

I certify that I:

- Am physically fit and have not been advised to not participate by a qualified medical professional.
- Have no health-related reasons or problems which preclude my participation in volunteering.
- Have read the CDC guidelines regarding underlying conditions that would put me at high risk of severe illness and determined my volunteering will not unduly jeopardize my safety.
- Will complete a COVID-19 self-evaluation before attending any and every volunteer activity: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Acknowledge and am willing to abide by PCTA's COVID-19 policies, procedures, and protocols, and COVID-19 Risk Assessment.
- Will disclose to PCTA staff exposure to any confirmed cases of COVID-19, or a confirmed case themselves, within 24 hours of discovery, if that exposure is within 14 days after a work trip.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I certify that I have read and fully understand this document and its content. I am aware of risks and concerns related to COVID-19 and that this is a release of liability as well as a contract and I sign it of my own free will.

PRINT PARTICIPANTS NAME: \_\_\_\_\_

SIGNATURE OF PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_