



VOLUNTEER WAIVER

Volunteer Name: (please print) _____ Date of Birth*: ____/____/____

I, _____, desire to work as an unpaid volunteer for ASU Research Enterprise (ASURE) and
(volunteer name)
engage in activities related to being a volunteer for the ADHS COVID-19 Vaccination Dispensing project. **I hereby voluntarily execute this Volunteer Waiver under the following terms:**

I, the Volunteer, release and hold harmless ASURE and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with the ASURE.

I understand that this waiver discharges ASURE from any liability or claim that I, the Volunteer, may have against ASURE with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on ASURE's work site or temporary work sites. I also fully understand that ASURE does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of ASURE beyond what may be offered freely by the representative of ASURE in the event of such injury or medical expense.

I hereby release ASURE, its officers, directors, affiliates and assigns, from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with ASURE.

I understand that my time with ASURE may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release ASURE from all liability for injury, illness, death, or property damage resulting from the activities of my time with ASURE.

I expressly agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Arizona in the United States of America, and that this waiver shall be governed by and interpreted in accordance with the laws of the State of Arizona. I agree that in the event that any clause or provision of this waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to enforceable.

COVID-19 ASSUMPTION OF RISK: I expressly affirm that I am aware of the public health directives recommending social isolation and distancing in response to the current COVID-19 pandemic. **I affirm and attest that I am not currently or have exhibited with the last 72-hours COVID-19 related symptoms, such as sore throat, cough, shortness of breath, and/or fever, not have I been exposed to individuals exhibiting the same.** I am further aware and affirm that ASURE cannot prevent the possibility of exposure to COVID-19 at its facility, temporary sites or during my transportation to and from its location(s). I am aware and affirm that volunteering at ASURE involves risk of exposure from staff, other volunteers, and/or the individuals ASURE is serving. I am expressly aware of and affirm the potential health risks that may occur if I am exposed to COVID-19, up to and including death, and that my exposure brings with it the possibility of my exposing others, including members of my household or other communities. I acknowledge and am aware of CDC and other public health recommendations concerning risks COVID-19 exposure presents to individuals in certain age groups and/or with high risk health conditions. **I affirm that this waiver, in its entirety, includes any and all liability or claim that I the volunteer, may have against ASURE, with respect to any exposure I may have to COVID-19 as a volunteer.**

Signature: _____

Date: ____/____/____