



Liability Waiver and Release of Information

1. I, the Volunteer, release and forever discharge and hold harmless ICNA Relief and its successors from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the volunteer services I provide to ICNA Relief. I understand and acknowledge that this Release discharges ICNA Relief from any liability or claim that I may have against ICNA Relief with respect to bodily injury, personal injury, illness, death, or property damage that may result from the volunteer services I provide to ICNA Relief or occurring while I am providing volunteer services.
2. I agree not to directly or indirectly seek, receive or accept any payment, reimbursement or other compensation whatsoever for your service as a volunteer or for any other goods or services provided by ICNA Relief. This means, among other things, that you will not accept payments from a community member, patient, third party payer or any other source. You understand that you will be serving as an unpaid volunteer at the ICNA Relief office, that you are not an agent or employee of ICNA Relief, and that you have no power or authority to bind or obligate ICNA Relief.
3. Insurance: Further I understand that ICNA Relief does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance.
4. As a volunteer, I hereby expressly assume risk of injury or harm from any activities performed while volunteering and Release ICNA Relief from all liability.
5. As a volunteer, I hereby expressly assume risk of getting sick and/or infected with the Corona Virus from any activities performed while volunteering and release ICNA Relief from all liability.
6. Photographic Release: I grant and convey to ICNA Relief all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by ICNA Relief in connection with my providing volunteer services to ICNA Relief.
7. I am not experiencing at this time: fever, sore throat, cough, stuffy nose, or any other type of symptoms related to COVID-19.
8. I have not been in contact with anyone exhibiting any such symptoms, as mentioned in clause 7 above, within the last 14 days.
9. I have not traveled to any of the countries considered to be Level 1, 2, or 3 within the last month. Nor have I been in contact with anyone who has traveled to these countries.

Printed Name of Volunteer

Date:

Signature of Volunteer (18 years or older)

Printed Name of Parent / Guardian (For Volunteers under 18 Years of age)

Signature of Parent / Guardian

Date: