

BOXES OF BASICS WAIVER AND RELEASE FORM

Thank you for your interest in volunteering with Boxes of Basics, a Virginia nonprofit corporation. The undersigned volunteer ("Volunteer") desires to provide volunteer services to Boxes of Basics and engage in certain activities related to serving as a volunteer. In exchange for serving as a volunteer, Volunteer hereby agrees to the following:

COVID-19:

1. In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below are not permitted to volunteer with Boxes of Basics at this time. I understand that my signature and acceptance of this waiver and release constitutes my acknowledgement that I do not fall into any of the following categories:
 - a. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include, but are not limited to, fever, cough, and shortness of breath;
 - b. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community within the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
 - c. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19, or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities.
2. The U.S. Center for Disease Control ("CDC") has stated that COVID-19 spreads mainly between people who are in close contact with one another and through respiratory droplets produced when an infected person coughs or sneezes and, therefore, the CDC has recommended that people practice "social distancing" by remaining at least six (6) feet from other people during the COVID-19 outbreak. The CDC has further stated that older people, as well as people of all ages who have a severe underlying health condition (such as, for example, heart disease, lung disease, asthma, HIV, or diabetes) appear to be at a higher risk of developing a serious COVID-19 illness. My signature and acceptance of this waiver and release constitutes my acknowledgment that I am in good physical health and have no physical condition which prevents me from safely volunteering with Boxes of Basics.
3. Because the CDC has stated that a fever is one of the three most common symptoms of COVID-19, Boxes of Basics may, in its sole discretion, conduct temperature checks of the individuals who provide services to Boxes of Basics, including its volunteers, in an effort to identify individuals who may be infected with COVID-19. Individuals who have body temperatures at or above 99 degrees Fahrenheit will be asked by Boxes of Basics to leave and not return until they have been COVID-19 symptom-free for at least fourteen (14) days. My signature and acceptance of this waiver and release constitutes my consent to Boxes of Basics' temperature check policy, which may be amended from time to time, in its sole discretion.
4. I acknowledge that my participation as a Boxes of Basics volunteer is entirely voluntary. Given the ongoing concerns about COVID-19, the risk of contracting COVID-19 or incurring other

injury or illness is always present and cannot be entirely eliminated. While volunteering, I acknowledge that I may not be able to appropriately practice “social distancing” and may be in close proximity with individuals who could potentially be infected with COVID-19. I AGREE TO AND ACCEPT ALL RISKS OF PERSONAL INJURY, ILLNESS OR DEATH, INCLUDING RELATED TO COVID-19 CONTRACTED DURING THE TIME THAT I AM VOLUNTEERING WITH BOXES OF BASICS. I understand that my health and safety are my responsibility and that I am free at any time to refuse, and should refuse, to do anything for Boxes of Basics that I am not comfortable with or that may pose a hazard to the health or safety of anyone else.

GENERAL:

1. I, on behalf of myself and, to the extent permitted by law, on behalf of my spouse, heirs, executors, administrators, assigns and other persons or entities acting or purporting to act on my behalf, hereby generally release, acquit and forever discharge Boxes of Basics and its current and former directors, officers, employees, agents, successors, affiliates, assigns, sponsors, participants, activity leaders, donors, volunteers and representatives of and from any and all claims, liabilities and obligations, both known and unknown, that arise or are in any way related to my time volunteering with Boxes of Basics. I understand that this release discharges Boxes of Basics from any liability or claim that I may have against Boxes of Basics that may result from the services I provide to Boxes of Basics or occur while I am providing such volunteer services.
2. I hereby release and forever discharge Boxes of Basics from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Boxes of Basics.
3. I agree to indemnify and hold harmless Boxes of Basics, its employees, directors, volunteers or agents from any and all claims or causes of action that may arise out of performance of my assigned duties as a volunteer, whenever or however the same may occur.
4. I understand that Boxes of Basics 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. I expressly waive any such claim for compensation or liability on the part of Boxes of Basics.
5. I irrevocably grant and convey to Boxes of Basics all right, title and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by Boxes of Basics in connection with my providing volunteer services to Boxes of Basics.
6. As a volunteer, I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia and this waiver and release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Virginia. I agree that in the event that any clause or provision of this waiver and release is deemed invalid, the enforceability of the remaining provisions will continue in full legal force and effect.

[Signature page follows]

By signing below, I express my understanding and intent to enter into this waiver and release willingly and voluntarily.

_____	_____	_____
Signature of Volunteer (or parent/guardian if under 18)	Name of Volunteer	Date