

Maryland-National Capital Park and Planning Commission
Montgomery County Department of Parks
Waiver & Consent Form for Individual Montgomery Parks Volunteers

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC). COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, the Maryland-National Capital Park and Planning Commission's ("Commission") Montgomery County Department of Parks, has put in place preventative measures, including physical distancing where possible, to reduce the spread of COVID-19; however, the Commission cannot guarantee you, your family, or other participants will not become infected with COVID-19 while visiting its facilities or participation in its programs.

While the Commission strives in all its programs to achieve the CDC's guidance on keeping 6-foot physical distancing and follows State and local protocols in both the wearing of face coverings and adherence to overall maximum numbers, participation in activities and programs at Commission facilities including volunteering may not always allow for proper physical distancing measures and practices at all moments or times. I acknowledge that participation in the below stated volunteer activity for the Commission is purely voluntary, and I should not participate in any activity or program beyond my physical or medical condition which makes me uncomfortable or which I consider unsafe.

I hereby represent that:

- (1) The volunteer position is _____ at/with _____
- (2) If the volunteer is a minor, I am his/her parent/legal guardian and am legally authorized to provide the releases, authorizations, and permissions stated herein and all the information provided is accurate and complete.
- (3) Neither I/my child (if minor), nor anyone else in my household, have exhibited any of the symptoms of COVID-19 within the last 14 days which include, but not be limited to: fever, chills, muscle aches, cough, fatigue, sore throat, difficulty breathing, a loss of taste or smell, or any other flu-like symptoms.
- (4) Neither I/my child (if minor) nor anyone else in my household have been in close, prolonged contact with anyone who has exhibited these symptoms within the last 14 days.
- (5) Neither I/my child (if minor) nor anyone else in my household have tested positive for the coronavirus.

I further understand that should I, my child, or anyone else in my household develop any of the above symptoms during the course of volunteering with Montgomery County Department of Parks or learn of our exposure to someone else with these symptoms, my or my child's participation as a volunteer will be terminated immediately and will remain terminated for at least 14 days. If I/my child (if minor) test positive for COVID-19, my or my child's participation as a volunteer will be terminated immediately and will remain terminated until a medical provider determines I/my child am free of COVID-19 infection.

Participant/Parent Initials

Maryland-National Capital Park and Planning Commission
Montgomery County Department of Parks

By my signature below, I understand and agree that my or my child's participation in any Commission program and visit to its facilities carries inherent risks including the risk of serious injury or death.

I, individually, or on behalf of my minor child, and any and all heirs and personal representatives, do hereby release and forever discharge, indemnify, defend, and hold harmless the Maryland-National Capital Park and Planning Commission, its Montgomery County Department of Parks, servants, agents, commissioners, directors, officers, principals, attorneys, and successors from and against any and all costs, losses, expenses, damages, claims, lawsuits, judgments, and liabilities, including attorneys' fees, incurred or arising from, either directly or indirectly, all claims for bodily/personal injury, death, loss of use, monetary loss, or any other injury from or related to the use of Commission facilities, whether caused by the negligence of any of the individuals or entities above. I acknowledge and understand that this release is expressly intended to apply to all claims, obligations, debts, demands, actions, causes of action, suits, accounts, covenants, contracts, agreements, and damages whatsoever of every name and nature, both in law and equity, which I now have or in the future may have relating to, occurring during, or arising out of, any injury or illness sustained by me or my child as a result of my and/or his/her use of Commission facilities or participation in the program stated above.

THIS RELEASE OF LIABILITY CONTAINS A RELEASE OF KNOWN AND UNKNOWN CLAIMS BY YOU AND YOUR CHILD. BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY, AND KNOWINGLY AND VOLUNTARILY SIGN BELOW.

Signature of Participant I am over 18 years old

Printed Name of Participant _____
Date

**Volunteers under 18 years old must print this waiver and have a parent/guardian sign by hand.
Waiver can then be submitted to the group leader in person or via scan/email.**

Signature by Hand of Parent/Guardian (if Participant is under 18)

Printed Name of Parent/Guardian (if Participant is under 18) _____
Date