



I understand that by volunteering to serve with God's Appalachian Partnership, Inc. (GAP), that I do so at my own risk.

In consideration of being permitted to assist in any project, including construction, I further agree that God's Appalachian Partnership, Inc. (GAP) shall not be held liable for any damages arising from personal injuries sustained by me at or about the work site, or in traveling to and from the location.

I further fully and forever release and discharge God's Appalachian Partnership, Inc., (GAP), its directors, employees, and clients from any and all claims, demands, damages, or causes of action, present or future, whether the same be known, anticipated, resulting from, or arising out of my service with this organization.

I consent to the use of video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken during the time I am volunteering for or present at any event or project sponsored by God's Appalachian Partnership, Inc., (GAP), to be used, distributed, or shown as God's Appalachian Partnership, Inc., (GAP) sees fit.

COVID-19 ASSUMPTION OF RISK AND WAIVER

The novel coronavirus COVID-19 has been declared a worldwide pandemic by the World Health Organization. By signing below, I, as Participant, hereby, on my own behalf as well as on behalf of my family members:

- acknowledge the specific and unique risk factors associated with COVID-19 including, without limitation, that it is highly contagious (often spread by person-to-person contact), has a relatively lengthy incubation period, and that certain persons may be asymptomatic carriers and/or spreaders of COVID-19;
- voluntarily and knowingly assume the risk that I may become exposed to, or infected by, COVID-19 at G.A.P. (and that I may then expose others to, or infect others with, COVID-19 at or after time at G.A.P.) as a result of my own acts or omissions and/or the acts or omissions of others;
- understand that staff and personnel associated with G.A.P. will follow the best practices as recommended by federal, state, and local health officials with respect to COVID-19 but acknowledge that those precautions may not be sufficient to prevent the spread of COVID-19;
- confirm that I will fully cooperate with all policies and procedures pertaining to COVID-19, including, without limitation, related to any symptom(s) that I may exhibit and any positive test result;
- knowingly and willingly elect to participate in these mission activities, acknowledging that I understand and voluntarily accept any and all associated risks, including, without limitation, for any illness, injury, or death that may result from my attendance at G.A.P. and participation in its events as well as from any negligent or grossly negligent act or omission by any of G.A.P.'s directors, employees or clients.

I have read, understand, and sign the foregoing Assumption of Risk and Release and the Media Release on this

_____ day of _____, 20_____.

Print Name of Volunteer

Signature

Mailing Address

City

State

Zip

Signature of Witness

Printed Name of Witness

Date

TO BE USED ONLY BY ADULTS