

East Bay Regional Park District COVID-19 Volunteer Safety Guidelines

YOUR ACTIONS SAVE LIVES. Wear a face covering, wash your hands often, avoid touching your face, and stay home when you are sick. Comply with County Health Officer's orders (<https://covid-19.acgov.org/index.page> for Alameda County and <https://cchealth.org/> for Contra Costa County).

PRIOR TO PARTICIPATING IN AN EBRPD VOLUNTEER ACTIVITY:

Take your temperature to determine whether you have a fever and assess whether you have any other COVID-19 symptoms such as:

- | | |
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| <input type="checkbox"/> Fever $\geq 100.4^{\circ}$ * | <input type="checkbox"/> Loss of Taste or Smell |
| <input type="checkbox"/> Chills or Repeated Shaking/Shivering | <input type="checkbox"/> Muscle pain |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Runny or congested nose |
| <input type="checkbox"/> Shortness of Breath, Difficulty Breathing | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Feeling Unusually Weak or Fatigued | <input type="checkbox"/> Nausea and vomiting |

YOU MAY NOT PARTICIPATE IN A EBRPD VOLUNTEER ACTIVITY AND SHOULD STAY HOME OR RETURN HOME IMMEDIATELY IF:

- You have a temperature of 100.4° degrees Fahrenheit/ 38° degrees Celsius or higher, are experiencing any of the above symptoms, or feel otherwise unwell.
- You or a household member has experienced any of the above symptoms within the last 14 days.
- You or a household member have been diagnosed with COVID-19 within the last 30 days and have not been medically cleared as non-contagious.
- You are aware that you or a household member has been exposed to someone who has been diagnosed with COVID-19 within the past 14 days.

DURING THE VOLUNTEER ACTIVITY YOU MUST:

- Wear a face covering throughout the whole activity.
 - Face covering must be made of cloth or other soft permeable material, without holes, covers the nose, mouth, and surrounding areas of the lower face.
 - Face coverings may not have a one-way valve (an "exhaust valve").
 - A clear plastic face shield is not a face covering, although you may wear a face covering and a face shield together.
 - Masks can be removed to drink/eat ONLY if there is at least 6 feet of distance between participants.
- Wash hands frequently between activities or use a hand-sanitizing agent if a handwash station is unavailable.
- Stay at least 6 feet away from non-household members, even while wearing a face covering.
- Refrain from sharing tools and equipment. If volunteering for an activity that requires tools, volunteers may bring their own tools or will be assigned tools to limit multi-person handling.

BE SAFE AND STAY HEALTHY!

EBRPD's **VOUNTEER WAIVER & RELEASE OF LIABILITY** and **COVID-19** Precautions

I, _____, am voluntarily participating in an East Bay Regional Park volunteer program. I have read and agree to follow COVID-19 Volunteer Safety Guidelines (above). I acknowledge my participation in these events does not come without the risk of injury or harm; I accept this risk and assume responsibility for all liability and risk associated with my participation.

I acknowledge the extremely contagious nature of the novel coronavirus, COVID-19, and understand it is spread from person to person. I know there is a risk of my becoming infected by the COVID-19 virus by participating in the volunteer activity, even if I take all required precautions. Further, I acknowledge and understand that the East Bay Regional Park District does not and cannot guarantee that any participants will not become infected with COVID-19 or any illness or injury while participating in the planned activities.

I hereby acknowledge and agree to maintain social distancing standards and adhere to all COVID-19 precautions, such as but not limited to wearing a facial covering at all times during the volunteer activity, washing hands, maintaining cleanliness, and not congregating in groups of people from different households.

I hereby release, covenant not to sue, discharge, and hold harmless the East Bay Regional Park District, its Board of Directors, officers, employees, agents, defend and representatives from any claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating to the planned activities including but not limited to any illness, death, and loss of any kind by participating in planned activities related to COVID-19 or any illness or injury. I understand and agree to release and assumption of risk includes any claims based on the actions, omissions, or negligence of East Bay Regional Park District, its Board of Directors, officers, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any activity.

This Waiver and Release is contractual and not a mere recital and applies whether or not injury, illness or loss resulting from this activity is caused by an act or omission the District, its employees, departments, officers or agents, negligent or otherwise.

This Waiver and Release is binding on my heirs, executors, administrators, assigns, and all of my family members, and applies to all losses, whether known or unknown, suspected or unsuspected, related to my participation in this activity.

I hereby grant permission to the East Bay Regional Park District to use photographs and video of me taken during this activity on its website and in other publications, at the District's sole discretion and without further consideration.

I have read and understand the information contained in this Waiver and Release. This Waiver and Release was executed on:

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|--------------------------|-------------------|---------------------------|------|
| Print Participant's Name | Age (if under 18) | Signature of Participant* | Date |
|--------------------------|-------------------|---------------------------|------|

**If under 18 years old, parent or guardian must also sign below.*

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|----------------------------|------------------------------|------|
| Print Parent/Guardian Name | Signature of Parent/Guardian | Date |
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