



VOLUNTEER/PARTICIPANT COVID-19 ACKNOWLEDGMENT OF RISK

The virus that causes COVID-19 is highly contagious. It is possible to develop and contract COVID-19, even when individuals follow all of the safety precautions recommended by the CDC, the State of Vermont, and the University ("UVM"). UVM Extension is following all coronavirus guidelines issued by the CDC and other experts to reduce the spread of infection. However, by engaging in on- or off-campus activities, UVM program participants can never be completely shielded from all risk of exposure or illness caused by COVID-19 or other infections.

As a volunteer, parent or guardian,

- I will monitor my/ my child's health prior to participation for COVID-19 symptoms, which can include the following: cough, fever, chills, muscle-pain, shortness of breath, sore throat or new loss of taste or smell ("Symptoms").
- I will not participate/allow my child to participate if I/they have Symptoms or have been exposed to someone who has exhibited COVID-19 Symptoms or that has tested positive for COVID-19, or if I/they have a test pending.
- I agree that to the best of my/their ability, I/ my child, will follow all 4-H or other program safety guidelines and will practice safe physical distancing and clean hygiene at all times during their participation in UVM program activities.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I/ my child(ren) may be exposed to or infected by COVID-19 by participating in 4-H/UVM program activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the University requires its employees and students to follow its policies and public health guidelines, but it cannot control the behavior of any particular individual. I further understand the risk of becoming exposed to or infected by COVID-19 while participating in 4-H/UVM program activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, UVM employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to me/my child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I/ my child(ren) may experience or incur in connection with my/my child(ren)'s attendance at 4-H/UVM program activities ("Claims"). I understand that if I/my child(ren) fail to abide by the terms of this acknowledgment, I/my child(ren) may be barred from participation in future 4-H activities in UVM's sole discretion. I will also communicate by email to our UVM contact if/as soon as I become aware that I/my child(ren) is confirmed to have a COVID-19 infection and has participated in a 4-H or other UVM program event in the fourteen (14) days prior to confirmation of the infection and share information that will allow UVM to determine who may have been exposed.

Name of participant/volunteer: _____ Name of parent/guardian: _____

Volunteer/Parent/guardian signature: _____

Date signed: _____

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the United States Department of Agriculture. University of Vermont Extension, Burlington, Vermont

University of Vermont Extension, and U.S. Department of Agriculture, cooperating, offer education and employment to everyone without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or familial status.