



The Still Place COVID 19 Volunteer Waiver

Understanding that COVID 19 has created a potential risk to both The Still Place Retreat Families and Volunteers, we are asking each family and volunteer to determine the level of risk they are willing to accept.

In assessing your risk tolerance, we have designed this waiver to assist The Still Place in evaluating what services and activities you are comfortable participating in during your volunteer service and whether special precautions or accommodations will be necessary.

Keeping in mind that our families have frequent encounters in health care settings and are coming from various parts of the country where COVID 19 cases may be in flux, we have instituted measures to protect you, as well as your families in light of the COVID 19 pandemic as best we can. At the time of scheduling a retreat each family will provide documentation via website link that cases in the county they live in are declining or stable for 2 weeks prior to their scheduled retreat. In addition, verification will occur again 3 days prior to arrival of cases and symptoms. At the commencement of volunteer activities, each volunteer will answer the COVID 19 screening questions and register their temperature.

The Still Place will be in compliance with the standards outlined by the Centers for Disease Control related to social distancing, hand washing, cleaning and food preparation. These standards are being reviewed on a weekly basis and will be updated or modified as dictated by the CDC and NC Department of Health Human Services guidelines. TSP reserves the right to reschedule your volunteer service based on COVID19 related circumstances or family requests. We are happy to have discussions about any concern that you may have, at any time.

I _____ on _____
(Print name) (Date)

agree that the following statements are true. (Please initial next to each true statement below).



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_____ I have obtained physician approval for all High Risk* (see below) individuals participate in volunteer activities at The Still Place.

_____ No one in my household has had CDC Defined Community Exposure** to COVID 19 within the past 14 days.

_____ No one has experienced any of the following in the past 2-14 days: fever(>100), cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell.

_____ I will immediately notify The Still Place staff if any of these symptoms occur during or 14 days following my volunteer service.

_____ I agree to wear a face mask if either the family requests or the state government is currently requiring such.

___ I hold The Still Place harmless in the event that any member of our family or party contracts Covid-19 during or after volunteer service at The Still Place.

*https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fhigh-risk-complications.html

**https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fhigh-risk-complications.html

Signature: _____ Date: _____