



# Baptist Health South Florida

## **VOLUNTEER PROGRAM**

### **COVID-19 CONSENT, RELEASE AND WAIVER OF LIABILITY AGREEMENT**

Because we care about your safety, we are taking precautions to protect our volunteers to the greatest extent possible. As a new disease, there are no long-standing, well-validated risk factors for COVID - 19. Current information from the Centers for Disease Control (“**CDC**”) and expert opinions suggest older adults and people of any age who have serious underlying conditions may be at higher risk, including but not limited to:

- People 65 years and older;
- People who have chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised, severe obesity, diabetes, CKD undergoing dialysis and chronic liver disease.

Baptist Health South Florida and its affiliated hospitals and facilities have implemented preventive measures recommended by the CDC to protect patients, staff, volunteers and guests against COVID - 19. Below, Baptist Health South Florida and its affiliated hospitals and facilities are referred to as “**Baptist Health.**”

To participate in the Baptist Health Volunteer Program, please review and acknowledge that you agree to the following:

1. I understand that I will be participating in the Volunteer Program knowing that COVID - 19 is a contagious condition that may present a serious risk to my health or my life, and I knowingly and voluntarily accept and fully assume any and all such known and unknown risks.
2. I agree to obtain medical clearance from my medical provider at my own expense to be eligible to participate in the Volunteer Program, and I agree not to participate in the Volunteer Program until I have submitted the Medical Clearance Form.
3. I understand that I will be placed in a volunteer position Baptist Health deems to have a low or moderate risk of COVID - 19 exposure, but that Baptist Health cannot guarantee there will be no exposure even with personal protective equipment (“**PPE**”).
4. I understand that Baptist Health will train me on how to properly wear PPE, and I agree to wear the PPE provided to me by Baptist Health in accordance with Baptist Health and hospital guidelines and agree to follow all pertinent Baptist Health and hospital policies and procedures.
5. I understand and agree that if I believe I have been exposed to COVID - 19, I will seek medical treatment immediately from my health care provider at my own expense. I also understand and agree to report exposure or a positive COVID - 19 test result to the Baptist Health hotline at **786-596-2345** and the leadership of Volunteer Services.
6. I hereby assume liability for, and agree to release, hold harmless and discharge Baptist Health and its employees, representatives and agents, from and against any and all claims, liabilities, and damages of any kind that result from, or are in any way associated with, my participation in the Volunteer Program, including without limitation, those that result from acts or omissions resulting from Baptist Health’s negligence or otherwise.
7. I understand that my participation in the Volunteer Program does not require me to use or purchase of any items or services offered by Baptist Health.

**I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS CONSENT, WAIVER AND RELEASE.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_