I understand and agree as set forth below.

1. I, Enter Employee Name am employed with the Enter Organization Name working at Enter District Name (“District”) sites for the Enter Program Type(“Program”).

1. The Enter District Name (“District”), its governing board, officers, agents, employees, volunteers, and representatives (collectively “Released Parties”) shall not be liable for any injury or illness suffered by me which is related to or arises out my work in the Program., my presence on the District property, or my use of the District facilities, and to the fullest extent allowed by law, I voluntarily assume all known and unknown risks of injury or illness, howsoever caused.

1. The Released Parties shall not be liable for any bodily injury to or death of persons, or damage to property, sustained by me that is caused by any act, neglect, negligence, omission, or other basis of liability of the Released Parties. I waive and release all claims for injury and death.
2. My work in the Program, presence on the District property, and use of the District facilities includes possible exposure to, illness, and death from infectious diseases including, but not limited to, methicillin-resistant Staphylococcus aureus (MRSA), influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;

1. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation in the Program, presence on the District property and/or use of the District facilities;
2. I willingly agree to comply with the stated and customary terms and conditions for participation as they relate to protection against infectious diseases. I have reviewed the most recent directives from the Centers for Disease Control (CDC), the California Department of Public Health and Local County Health Services. I have also reviewed District policy and protocols regarding the risks associated with COVID-19 exposure and safe practices to follow provided to me by the District;
3. To the fullest extent permitted by law, I, for myself, and on behalf of my heirs, assigns, and representatives hereby release and hold harmless the Released Parties with respect to any and all illness, injury, disability, death related to or arising out of my work in Program, presence on the District property or their use of the District facilities.

I HAVE READ THIS WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

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Name of Employee (print)

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Signature of Employee Date