



4415 Boonsboro Rd, Lynchburg, VA, 24503 | (434) 384-1755

Volunteer & Visitor Safety Acknowledgment

Volunteer Assumption of Risk, Waiver of Liability & COVID-19 Agreement

I attest that I am not experiencing any symptoms of illness such as a fever, cough, or shortness of breath. If I develop these symptoms, I agree that I will cancel my shift before arriving at the Camp Kum-Ba-Yah, as far in advance as possible.

I am aware that I must follow the safety and hygiene protocols that have been implemented by Camp Kum-Ba-Yah and that are posted on site for my review.

I attest that:

I have not traveled internationally in the past 14 days.

I have not traveled to a highly-impacted area within the United States in the past 14 days.

I do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19.

I have not been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities.

I am following recommended guidelines as much as possible - practicing social distancing by participating in group activities of fewer than 10, trying to maintain separation of six feet from others, and otherwise limiting my exposure to the COVID-19.

Assumption of Risk, Release and Waiver of Liability

I acknowledge that I have voluntarily applied to the Camp Kum-Ba-Yah's volunteer program. I understand that the scope of my relationship with Camp Kum-Ba-Yah is limited to a volunteer position and that I do not expect to receive any monetary compensation in return for services provided by me; that Camp Kum-Ba-Yah will not provide any benefits traditionally associated with employment; and that I am responsible for my own insurance coverage in the event of illness or personal injury as a result of my services to Camp Kum-Ba-Yah.

I understand that my volunteer activities with Camp Kum-Ba-Yah may include activities that could be hazardous to me, including but not limited to packing, loading, unloading and carrying heavy items, transportation to and from work sites, and exposure to people with infectious diseases. I fully understand and know there are inherent risks associated with my volunteer activities. I hereby assume the risk of bodily injury, illness, death, medical treatment, and property damage resulting from my volunteer activities, even if resulting from the negligence of Camp Kum-Ba-Yah or its officers, directors, employees, or agents.

I hereby release, discharge and agree to indemnify and hold Camp Kum-Ba-Yah harmless from, and waive on behalf of myself and my heirs and personal representatives and any minors I am responsible for who volunteer with me, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of Camp Kum-Ba-Yah, or that may otherwise arise in any way in connection with any voluntary activities with, or for Camp Kum-Ba-Yah. I understand that this release discharges Camp Kum-Ba-Yah from any liability or claim that I or my heirs, personal representatives or minors I am responsible for may have against Camp Kum-Ba-Yah with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from or in connection with my volunteer activities. This liability waiver and release extends to Camp Kum-Ba-Yah together with all of its officers, directors, affiliates, employees and agents.

I agree that this release will be governed by Virginia law and that the exclusive venue for any dispute arising from this release will be a court of competent jurisdiction sitting in Lynchburg, Virginia.

Volunteer & Visitor Safety Acknowledgment Form *

By checking this box, I acknowledge that I have read and accept the terms listed in the Volunteer & Visitor Safety Acknowledgment as stated on the website.

First Name:

Last Name:

Email Address:

Additional Family Members:

Phone Number: