



## Seacoast Science Center Volunteer Liability Waiver and Release

**As a volunteer for the Seacoast Science Center, I agree to fulfill the following requirements and understand the parameters of my volunteerism:**

- I will serve as a positive role model and set a good example by my actions and behavior.
- I will maintain the standards of the Seacoast Science Center by conducting myself in a responsible manner.
- I will support the Seacoast Science Centers mission at all times.
- I will conduct all SSC activities in a safe and healthy environment, The Center is committed to providing safe environments for all persons, including but not limited to children, and to prevent abuse, neglect, and crimes against children.
- I will participate in required volunteer training as appropriate.
- I will submit all required information/paperwork to the Seacoast Science Center.
- I will welcome all youth, their families, adults and other volunteers to participate in the program regardless of race, color, religion, sex, national origin, age, veteran's status, gender identity or expression, sexual orientation, marital status familial status, disability or climate change belief.
- I understand that while volunteering at or for the Seacoast Science Center, I will advocate for the SSC's mission, the environment and stewardship.

**I understand that this agreement may be terminated by either party, regardless of reason. Such termination shall be by written notice to the other party and, shall be effective immediately.**

Volunteer Name (print please) \_\_\_\_\_

Volunteers Signature \_\_\_\_\_

Signature of Guardian (if volunteer is under 18) \_\_\_\_\_

Date \_\_\_\_\_

## Volunteer Assumption of Risk<sup>1</sup>

### ***Waiver of Liability of health including COVID-19 and any other viral, bacterial, fungal infectious diseases Agreement:***

- I understand the risks, hazards, and dangers inherent in carrying out normal day-to-day duties and responsibilities of my volunteer activities. I agree for myself and my heirs, to release and hold harmless, defend and indemnify the Seacoast Science Center, its trustees, officers, agents, employees, and volunteers, from and against all claims, demands, actions, and causes of action as a result of personal injury, death, or property damage sustained by me or by others due to my volunteer activity, including my operation of a motor vehicle.

- I understand that my volunteer activities with Seacoast Science Center may include activities that could be hazardous to me, including but not limited to, and exposure to and resulting illness from infectious diseases. I fully understand and appreciate the risks that are inherent to my volunteer activities. I hereby assume the risk of bodily injury, illness, death, medical treatment, and property damage resulting from my volunteer activities. Specifically, and without limiting the foregoing, I understand and assume the risks pertaining to volunteering with Seacoast Science Center during the COVID-19 pandemic. I understand and assume the risk that, despite SSC's best efforts to prevent spread of the illness, I may become ill from COVID-19 and such illness may result in serious illness, up to and including death.

- I hereby release, discharge and agree to indemnify and hold the Seacoast Science Center 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 the Seacoast Science Center, or that may otherwise arise in any way in connection with any voluntary activities with, or for Seacoast Science Center.

### **I will follow general CDC and the State of NH health guidelines by:**

-Having not traveled internationally in the past 14 days or to a highly-impacted area within the United States in the past 14 days before coming to the SSC

- To the best of my knowledge, I have not been exposed to a person with a confirmed or suspected case of COVID-19 within fourteen days of volunteering at the SSC.

- I have not been diagnosed with COVID-19; or, I have been diagnosed with COVID-19 and I have been symptom free without the aid of any medications for more than 72 hours.

- I understand that my temperature will be taken by someone at SSC every day before my volunteer shift begins.

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<sup>1</sup> If the volunteer is a minor child, a parent or guardian must sign this form in addition to the minor child.



- I will not come to the Center if I am not experiencing any symptoms of illness, including, but not limited to, fever, cough, or shortness of breath. If I develop these symptoms while at the Center, I agree that I will notify an SSC staff member and leave immediately

-I will follow recommended CDC and state guidelines - practicing social distancing by participating in group activities of fewer than 10 people, trying to maintain separation of six feet from others, and otherwise limiting my exposure to the coronavirus.

-I will wear a mask if asked to while at the Center.

**I understand that this agreement may be terminated by either party, regardless of reason. Such termination shall be by written notice to the other party and, shall be effective immediately upon request.**

Volunteer Name (print please) \_\_\_\_\_

Volunteers Signature \_\_\_\_\_

Signature of Guardian (if volunteer is under 18) \_\_\_\_\_