



Volunteer Release & Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING GIRL SCOUTS OF VIRGINIA SKYLINE COUNCIL FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Acknowledgment of Volunteer Status

As a volunteer, I acknowledge and agree I am not an employee of Girl Scouts of Virginia Skyline Council. I acknowledge and agree that I will not receive any compensation or benefit for my participation in volunteer Programs, nor will I be eligible for any coverage under the Workers' Compensation laws of Virginia.

Assumption of Risk

I acknowledge and agree that any use of Girl Scouts of Virginia Skyline Council facilities, services, equipment and premises ("Facilities") and any participation in Girl Scouts of Virginia Skyline Council programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that Girl Scouts of Virginia Skyline Council, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Acknowledgement of Volunteer's Required COVID-19 Testing, Test Results, and Testament to Lack of COVID-19 Symptoms

I, in my legal capacity, acknowledge that the I have undergone the required COVID-19 testing as outlined in the current Girl Scouts of Virginia Skyline Summer Camp Guidelines. I attest that the testing results are negative for COVID-19, and I am not experiencing any COVID-19 symptoms, e.g., cough, shortness of breath, fever (100.4) or higher, chills, repeated shaking chills, muscle pain, headache, sore throat, or new loss of taste/smell.

I attest that I have not taken fever-reducing medications within the past 24-48 hours. I attest I have not been required to self-quarantine in the past 5 days. I attest I have not been exposed to anyone currently waiting for a COVID-19 test results. I attest I have not been recently exposed to anyone who has tested positive for COVID-19.

Signature: _____

Date: ____ / ____ / ____

Print Name: _____