



COVID-19 WAIVER

By my signature below, I affirm that:

- I have not been diagnosed with the Covid-19 virus;
- To my knowledge I am not a carrier of the Covid-10 virus;
- To my knowledge I have not been exposed to the virus;
- I will conform to all job site health and safety requirements.

Further, I acknowledge that the accident insurance coverage provided me as a volunteer does not extend to illness resulting from the virus and that I will hold The Fuller Center for Housing and its partner organization(s) harmless from any damages arising from any illness that may result from my participation in this project.

Date: _____

Volunteer's Signature

Printed Name

Witness's Signature

Printed Name