



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-19 virus;
- To my knowledge, I have not been exposed to the virus;
- I do not have any of the following symptoms:
 - Fever
 - Chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
- 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