



**COVID-19 ADDENDUM TO HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY  
RELEASE AND WAIVER OF LIABILITY**

**THIS ADDENDUM TO RELEASE AND WAIVER OF LIABILITY** (the "Addendum") is executed on **[DATE]**

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ **[PLEASE PRINT YOUR NAME]** ("For Volunteer") in favor of HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY., a Colorado nonprofit corporation, HABITAT FOR HUMANITY INTERNATIONAL, INC., a Georgia nonprofit corporation (collectively, "Habitat"), their respective directors, officers, employees and agents, and the successors and assigns of the foregoing (collectively, the "Released Parties") and supplements that certain standard Release and Waiver of Liability to and in favor of the Released Parties that I signed in connection with volunteering for Habitat (the "Waiver").

1. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and yet are still highly contagious. It is impossible for Habitat to determine who has COVID-19 and who does not. Habitat is using reasonable efforts to continue its operations with the assistance of volunteers while mitigating the risk of contamination. I understand that, by volunteering with other individuals, I will have elevated my risk of contracting the virus even though standard precautions are being observed.
2. I acknowledged that, if I am part of an "at higher risk population" (e.g., age 65 or older, asthma, HIV, immunocompromised, heart, lung liver or kidney disease, diabetes, otherwise at risk for severe illness), I have been advised to consult with my personal health care provider prior volunteering for Habitat.
3. To my knowledge I am not currently contagious with COVID-19, according to the US Center for Disease Control's guidance.
4. I am aware that if I exhibit symptoms of COVID-19 while volunteering that I may be asked to leave by a staff member.
5. I agree that if I start to experience any symptoms of COVID-19 while volunteering or test positive following volunteering, based on CDC's recommended timeframe, I will notify my supervisor at Habitat, or the Volunteer Services team ([volunteer@stvrainhabitat.org](mailto:volunteer@stvrainhabitat.org)) so that Habitat can implement its COVID-19 Exposure Plan in order to protect the health and wellbeing of the other volunteers and Habitat's staff.

**By signing below, I acknowledge and agree to the provisions above, and I further agree that any and all claims of any kind relating to my potential exposure COVID-19 while volunteering for Habitat are fully waived and released as set forth in the Waiver.**

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

*For Volunteers under 18:*

Parent Name: \_\_\_\_\_ Parent Signature \_\_\_\_\_