



**LIONS OF MICHIGAN SERVICE FOUNDATION, INC.  
PROJECT KIDSIGHT VOLUNTEER  
COVID-19 Liability Release Waiver**



The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions to which the Lions of Michigan Service Foundation, Inc. (Lions of Michigan Foundation) adheres.

**In consideration of my participation as a Project KidSight Vision Technician or Project KidSight Volunteer, I acknowledge and agree to the following:**

I am aware of the existence of the risk on my physical appearance to the venue and my participation in a Project KidSight screening event that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death. I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days. I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days. I did not, nor any member of my household, visit any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days. I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.

**Following the pronouncements above, I hereby declare the following:**

I am fully and personally responsible for my own safety and actions while and during my participation, and I recognize that I may be in any case be at risk of contracting COVID-19. With full knowledge of the risks involved, I hereby release, waive, discharge the organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19. I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury loss, or death from or related to COVID-19.

**By signing below, I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved; and, that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.**

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

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

All Events - Until Further Notice: \_\_\_\_\_ Event Name/Number: \_\_\_\_\_