

# ABTSF VOLUNTEER DUTIES

*Volunteers need to be 18 or older*

SATURDAY, AUGUST 15, 2020	SHIFTS	DUTIES
<b>SET UP CREW</b>	➤ 11:00 a.m. to 12:30 p.m.	Set up tables, tents and supply kits
<b>WALKERS/INTAKE FORMS</b>	➤ 11:00 a.m. to 1:00 p.m. ➤ 1:00 p.m. to 3:00 p.m.	On line, asking drivers for driver's license and information about school and grades of students
<b>LOADING SCHOOL KITS</b>	➤ 12:30 p.m. to 1:30 p.m. ➤ 1:30 p.m. to 2:30 p.m. ➤ 2:30 p.m. to 3:30 p.m.	Loading school kits to car trunk
<b>TRAFFIC DIRECTORS</b>	➤ 12:30 p.m. to 2:00 p.m. ➤ 2:30 p.m. to 3:30 p.m.	Direct traffic
<b>WATER-SNACK TABLE</b>	➤ 11:00 a.m. to 3:00 p.m.	Assist with water and snacks for volunteers
<b>CLEAN UP CREW</b>	➤ 3:00 p.m. to 4:30 p.m.	Take down tables, tents and general park clean up

**PLEASE SELECT THREE ACTIVITIES AND TIMES THAT, YOU WOULD BE INTERESTED IN HELPING:**

FIRST CHOICE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO \_\_\_\_\_

SECOND CHOICE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO \_\_\_\_\_

THIRD CHOICE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO \_\_\_\_\_

DO YOU SPEAK SPANISH FLUENTLY? YES  NO

IF YOU HAVE ANY PHYSICAL RESTRICTIONS YOU WOULD LIKE US TO CONSIDER PLEASE LIST THEM BELOW, (EX. NO HEAVY LIFTING, LIMITED MOBILITY, ETC.) \_\_\_\_\_

**IN ORDER TO UPDATE OUR DATA BASE WE ARE ASKING YOU TO COMPLETE THE FOLLOWING INFORMATION:**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

ALTERNATIVE PHONE: \_\_\_\_\_ HOW DO YOU PREFER TO BE CONTACTED? ( ) MAIL ( ) E-MAIL ( ) PHONE

HOW DID YOU HEAR ABOUT THIS VOLUNTEER OPPORTUNITY? \_\_\_\_\_

# WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

**Volunteers MUST be 18 or older**

**WARNING:** Participation in the "Aurora's Back to School Fair" may involve heavy lifting/stacking activities. All volunteers are responsible for taking the necessary precautions regarding their safety.

On behalf of myself, and/or my minor child or ward, my/our successors, executors, administrators and/or assigns, including any one claiming by or on behalf of me/us, in consideration of the right to participate in the "Aurora's Schools Back to School Fair" and to use the facilities and equipment of the sponsoring entities and organizations, subject to the terms and conditions of this agreement, I agree as follows:

- 1) I recognize and acknowledge that there are certain risks of physical injury to participants performing various activities, and voluntarily agree to assume the full risk of and legal responsibility for any and all injuries, damages or loss, regardless of severity, including personal injury or death, and property damage that I may sustain as a result of said participation.
- 2) I do hereby fully waive, release, agree to indemnify, hold harmless and forever discharge Communities In Schools of Aurora, Inc. and City of Aurora, including their officers, agents, insurers, and employees, from and against any and all claims, demands, and causes of action for injuries, damages, or loss of every nature arising out of my participation in the "Aurora's Back to School Fair" that I or anyone claiming on my behalf, may have against the aforesaid sponsoring entities and organizations.
- 3) I execute this waiver and release of all claims agreement freely and voluntarily and for and on behalf of myself or for anyone claiming under or through any of them, and for each of my or our or their respective heirs, administrators, executors, successors, representatives and assigns. If any provision of this agreement is found to be invalid or illegal by a court of competent jurisdiction, I agree that the remaining provisions shall be constructed as if the affected provision had not been included in order to effectuate the intent of the parties.
- 4) *I certify and verify that before volunteering for "Aurora's Back to School Fair", I am not experiencing any of the following COVID-19 symptoms:*
  - *Temperature of 100.4 or greater*
  - *Cough*
  - *Shortness of breath or difficulty breathing*
  - *Chills*
  - *Fatigue*
  - *Muscle and body aches*
  - *Headache*
  - *Sore throat*
  - *New loss of taste or smell*
  - *Congestion or runny nose not related to seasonal allergies*
  - *Nausea and/or vomiting*
  - *Diarrhea*
  - *Any other COVID-19 symptoms identified by the CDC or IDPH.*
- 4) *Due to COVID-19 and guidelines set forth by the CDC and IDPH, I agree to wear a face mask at all times, maintain a 6'- 12' feet social distance when possible, wear disposable gloves and use hand sanitizers as needed. If I experience any of the above symptoms, I will notify the Volunteer Coordinator immediately.*

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

**FOR COMMUNITY SERVICE HOURS REPORTS, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

NAME OF PERSON REQUESTING COMMUNITY SERVICE HOURS: \_\_\_\_\_

NAME OF SUPERVISOR AND SUPERVISING AGENCY \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_



WAIVER OF LIABILITY AND INDEMNITY AGREEMENT



This Waiver and Indemnity Agreement is entered into as of the \_\_\_\_ day of August, 2020

by \_\_\_\_\_ (hereinafter the "Undersigned").
(printed name)

WHEREAS, Communities In Schools of Aurora, Inc. in partnership with The City of Aurora operates the "Aurora's Back to School Fair" Event at Phillips Park, Aurora, Il.; and

WHEREAS, the existence of the COVID-19 pandemic raises certain issues with respect to the conduct of such Events; and The undersigned acknowledges that the novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including numerous cases in Illinois, and understands the hazards associated with COVID-19 and the guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control (CDC), and the Illinois Department of Health (IDH), for slowing the transmission of COVID-19. Notwithstanding the risks associated with COVID-19, which the Undersigned readily acknowledges, the Undersigned hereby willingly chooses to volunteer in the "Aurora's Back to School Fair" (ABTSF) event.

The undersigned acknowledges and fully assumes the risk of illness or death related to COVID-19 arising from volunteering in the ABTSF and hereby RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE COMMUNITIES IN SCHOOLS OF AURORA INC./CITY OF AURORA its officers, directors, agents, employees and assigns (the "RELEASEES") from any liability related to COVID-19 which might occur as a result of me being on the premises and participating in the event. I shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury (including any claim of any person who may contract COVID-19, directly or indirectly. It is my express intent that this Waiver and Indemnity Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted and controlled according to the laws of the State of Illinois. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT TO THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND PARTICIPATE IN ONE OR MORE OF THE EVENTS.

The Undersigned further agrees, represents, and warrants that the Undersigned shall visit or utilize the facilities, services, and Event of COMMUNITIES IN SCHOOLS OF AURORA INC./CITY OF AURORA if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. Communities In Schools of Aurora has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, and the Undersigned agrees to comply with such procedures prior to utilizing the facilities, services and events. The Undersigned fully understands and appreciates both the known and potential dangers of participating in the event and acknowledges that such participation may, despite Communities of Schools/City of Aurora's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM COMMUNITIES IN SCHOOLS OF AURORA INC./CITY OF AURORA IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS.

Signature

Printed Name

Phone: \_\_\_\_\_

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