

## Toronto Humane Society COVID-19 Volunteer Acknowledgement and Waiver

Thank you for your interest in volunteering with Toronto Humane Society (“THS”). Given the outbreak and continued spread of coronavirus disease 2019 (“COVID-19”), please read this COVID-19 Volunteer Acknowledgement and Waiver (the “Waiver”) carefully. Your signature and acceptance of this Waiver is required before you will be permitted to volunteer with THS.

### **Acknowledgements** (these acknowledgements impact your legal rights)

- 1.** COVID-19 is highly contagious and I voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in volunteer programming; and that such exposure or infection may result in personal injury, illness, permanent disability, or death to myself, or other family members or individuals that I may interact with outside of THS.
- 2.** I understand and acknowledge that the risk of myself becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, THS employees, volunteers. I further agree and acknowledge that I am increasing the risk of becoming exposed to or infected by COVID-19 by participating in volunteering at THS.
- 3.** I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself, and other family members or individuals that I may interact with outside of THS, including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I, or other family members or individuals that I may interact with outside of THS programming may experience or incur in connection with me participating in THS programming.
- 4.** On my behalf, my heirs, any personal representatives, and next of kin, I hereby release, covenant not to sue, discharge, and hold harmless THS, and their respective employees, volunteers, agents, representatives, and affiliates, of and from all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind, arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of THS or their respective employees, volunteers, agents, representatives, and affiliates, whether a COVID-19 infection occurs before, during or after participation in THS programming.
- 5.** I understand that by signing this document, I agree that if I am exposed to or infected by COVID-19 during participation in THS programming, then I may be found by a court of law to have waived the right to maintain a lawsuit for a claim of negligence.
- 6.** I understand that the Ontario Ministry of Health has stated that COVID-19 spreads mainly between people who are in close contact with one another and through respiratory droplets produced when an infected person coughs or sneezes and, therefore, the Ontario Ministry of Health has recommended that people practice “physical distancing” by remaining at least six (6) feet/two (2) metres from other people during the COVID-19 outbreak. The Ontario Ministry of Health has further stated that older people, as well as people of all ages who have underlying medical issues (such as, weakened immune systems, or chronic health condition) appear to be at a higher risk of developing a serious COVID-19 illness. Your signature and acceptance of the Waiver constitutes your acknowledgment that you are in good physical health and have no chronic condition which prevents you from safely volunteering with the THS.
- 7.** I understand that my health and safety is my responsibility and that I am free at any time to refuse, and should refuse, to do anything for THS that I am not comfortable with or that may pose a hazard to the health or safety of myself or anyone else.

8. I agree that I will complete the “COVID-19 Screening Questionnaire” prior to each shift and self-identify any symptoms that may be associated with COVID-19. If experiencing 1 or more of the symptoms listed in the questionnaire, have been diagnosed with COVID-19, have been in contact with or suspected with COVID-19, and/or have traveled, I will let the Volunteer Manager know and I will not work on-site.

9. I agree to following the Ontario Ministry of Health's recommended guidelines and limiting my exposure to the COVID-19, and I agree that I will not participate in any future THS programming unless I continue to follow all public health authority's recommended guidelines and limit my exposure to COVID-19.

This Waiver supersedes and replaces any prior or contemporaneous discussions and agreements, whether written or oral, between the Parties with respect to the subject of this Waiver.

Please self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, if you experience symptoms of COVID-19 within 14 days after volunteering with us, please notify Maddie Kingston, Volunteer and Community Engagement Manager at [mkingston@torontohumanesociety.com](mailto:mkingston@torontohumanesociety.com).

I have read this COVID-19 Volunteer Acknowledgement and Waiver, understand that I am giving up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature.

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Name of Volunteer

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Signature of Volunteer

Date: \_\_\_\_\_