301-503-7401

info@silverspringvillage.org www.silverspringvillage.org P.O. Box 8217 Silver Spring, MD 20907

Volunteer-Provided Transportation Liability Waiver

l, (print	ed name)							
hereby	acknowledge	that I	understand	the	health	risks	associated	with
particip	ating in volunt	teer-pro	vided transp	ortat	ion, nan	nely po	otential exp	osure
to coro	navirus, a virus	s that ca	auses serious	illne	ss (COV	ID-19)	and may le	ad to
death.								

I understand that "social distancing" (maintaining a minimum distance of six feet from all other people, regardless of whether or not they show symptoms of illness) is the primary method recommended by the Centers for Disease Control and Prevention to stem the spread of the virus. I further understand that safe social distancing in a private vehicle is not possible, and that participating in volunteer-provided transportation may result in contracting coronavirus, followed by serious illness and possibly, death.

I understand that Silver Spring Village additionally recommends wearing latex gloves (two pairs—one for each leg of the journey) and an N-95 respirator mask, using disinfecting wipes on surfaces and applying hand sanitizer, during and immediately after volunteer-provided transportation, I further understand that none of these measures may prove effective and that I may remain at heightened risk of contracting coronavirus due to volunteer-provided transportation.

I understand that I am required to take my temperature within a one-hour window before volunteer-provided transportation and to immediately notify Silver Spring Village, Inc.'s director of volunteer services at 301-275-3900 or executive director at 301-960-8502 if my temperature is 100.4 degrees Fahrenheit or higher; or if I am experiencing an unexplained loss or altered sense of smell or taste, cough, or shortness of breath.

I further understand that I may not participate in volunteer-provided transportation if I have such symptoms. I also agree to notify Silver Spring Village, Inc. if such symptoms appear within fourteen (14) days after participating in volunteer-provided transportation. You consent to Silver Spring Village, Inc. notifying any volunteer, member, agent, officer, employee, or other person of the existence of these symptoms.

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I understand that Silver Spring Village, Inc. is not that may occur as a result of my use of voluntees condition for the transportation received, I, assigns, further agree to release and forever discand its agents, officers, employees and voluntees have myself or that I could bring on another's be demands or actions whatsoever, including the manner arising out of this transportation.	er-provided transportation. As a for myself, my executors and charge Silver Spring Village, Inc., eers from any claim that I might half with regard to any damages,
Member Signature	Date

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301-503-7401

info@silverspringvillage.org www.silverspringvillage.org P.O. Box 8217 Silver Spring, MD 20907

Volunteer-Provided Transportation Liability Waiver (Volunteer)

l, (print	ed name)								,
hereby	acknowledge	that	[]	understand	the	health	risks	associated	with
participating in volunteer-provided transportation, namely potential exposure									
to coronavirus, a virus that causes serious illness (COVID-19) and may lead to									
death									

I understand that "social distancing" (maintaining a minimum distance of six feet from all other people, regardless of whether or not they show symptoms of illness) is the primary method recommended by the Centers for Disease Control and Prevention to stem the spread of the virus. I further understand that safe social distancing in a private vehicle is not possible, and that providing transportation may result in contracting coronavirus, followed by serious illness and possibly, death.

I understand that Silver Spring Village additionally recommends wearing latex gloves and an N-95 respirator mask, using disinfecting wipes on surfaces and applying hand sanitizer, before, during and immediately after providing transportation, I further understand that none of these measures may prove effective and that I may remain at heightened risk of contracting coronavirus due to providing transportation.

I understand that I am required to take my temperature within a one-hour window before providing transportation and to immediately notify Silver Spring Village, Inc.'s director of volunteer services at 301-275-3900 or executive director at 301-960-8502 if my temperature is 100.4 degrees Fahrenheit or higher; or if I am experiencing an unexplained loss or altered sense of smell or taste, cough, or shortness of breath.

I further understand that I may not provide transportation if I have such symptoms. I also agree to notify Silver Spring Village, Inc. if such symptoms appear within fourteen (14) days after providing transportation. I consent to Silver Spring Village, Inc. notifying any volunteer, member, agent, officer, employee, or other person of the existence of these symptoms.

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i understand that Sliver Spring village, inc	. Is not hable for any limess or death
that may occur as a result of my providing	g transportation. As a condition for
providing transportation, I, for myself, my	executors and assigns, further agree
to release and forever discharge Silver officers, employees and volunteers from a that I could bring on another's behalf with actions whatsoever, including those based out of providing this transportation.	ny claim that I might have myself or regard to any damages, demands or
	— Data
Volunteer Signature	Date

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