



Main Office
 405 N. Elm Street, Lumberton, NC 28358
 910.277.3500 scapnc.org



Volunteer Waiver of Liability, Photo/Video Consent, COVID-19 Waiver

Release: In consideration of the opportunity afforded me to assist on a voluntary basis with The Southeastern Community Action Partnership, a project which will provide support to community members, and in light of the aims and purposes of the community service provided by SCAP in organizing this project,

I _____ hereby waive any right or cause of action arising as a result of my participation in said project from which any liability may or could accrue against SCAP or its officers or directors collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities for The Big Pop Up.

Consent: I _____ further freely consent to the unrestricted use by SCAP and/or any person authorized by them of any photographs, recordings, interviews, the use of my name, videotapes, motion picture or similar visual or auditory recording of me, created in connected with the event. I expect and anticipate no remuneration there from.

COVID clause: I acknowledge the contagious nature of the Coronavirus and that the CDC and many other public health authorities recommend practicing social distancing. I further acknowledge that The Southeastern Community Action Partnership has put in place preventative measures to reduce the spread of COVID-19 as guided by the CDC. I understand that the risk of becoming exposed to and/or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, volunteers and staff. I will adhere to practice social distancing, wear a mask at all times during the event, as well as, sanitize/wash my hands frequently throughout my participation.

I attest that (please check below):

____ I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

____ I have not traveled internationally within the last 14 days.

____ I have not traveled outside of NC in the last 14 days.

____ I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

____ I have not been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities.

____ I am following all CDC recommended guidelines as much as possible and limiting my exposure to COVID-19.

____ I am not waiting for COVID-19 test results.

I hereby release and agree to hold SCAP harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act, or that may otherwise arise in any way in connection with SCAP.

Signature

Date

Phone

Print Name

Email