

# Cornell Cooperative Extension - Volunteers and Program Participants

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## Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people of more than 50.

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### Acknowledgement of Risk

Name of Contributor/Volunteer/Program Participant \_\_\_\_\_

I understand Cornell Cooperative Extension of Saratoga County, 50 West High Street, Ballston Spa has put in place preventative measures to reduce the spread of COVID-19; however, **CCE cannot guarantee** that I or any of my contacts will not become infected with COVID-19. Further, **entering the facilities of, or participating in programs of, CCE could increase my risk of contracting COVID-19.**

By participating in **CCE** programs and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 diseases may result from the actions, omissions, of myself and others, including, but not limited to, **CCE** employees, volunteers, other participants, visitors or vendors.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my contacts (including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind), that I or my contacts may experience or incur in connection with my entering **CCE** or participation in **CCE** programming. On behalf of myself and on behalf of my heirs and estate, I hereby release, covenant not to sue, discharge, and hold harmless **CCE**, its directors, officers, employees, volunteers, agents, and representatives, of and from the 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, or omissions of the **CCE**, its directors, officers, employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation.

And in addition: As a volunteer, program participant or the guardian of a program participant under the age of 18, by signing the attached, I acknowledge that I have reviewed the plan for Cornell Cooperative Extension of Saratoga County. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

If over 18 Years \_\_\_\_\_ Date \_\_\_\_\_  
Signature

If under 18 years Guardian/Parent Name: \_\_\_\_\_

Guardian/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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