## Gateway Housing Service Project 561 Arblay Place Manchester, MO 63011



info@ghsphome.org www.ghsphome.org

## On-Site Health & Safety Volunteer Release of Claim Form

In consideration for the opportunity to participate in a home improvement project with Gateway Housing Service Project (GHSP), you agree to the following terms and conditions, in addition to all previously agreed-to terms and conditions, and to confirm your agreement with these terms and conditions by your signature and/or initials where indicated below:

•	I affirm that I have viewed the CDC infection prevention video emailed to me.	
	Initial here:	
•	I affirm that, to the best of my knowledge, information, and be 99°F in the past 72 hours.	pelief, I have not had a temperature exceeding
	Initial here:	
•	I affirm that, to the best of my knowledge, information, and who is known or believed to be infected with COVID-19 (Coro	
	Initial here:	
•	I affirm that I have not traveled outside of the State of Misso	uri in the past 14 calendar days.
	Initial here:	
•	I agree to adhere to all Gateway Housing Service Project safe  1. Wearing a face mask covering my mouth and nose at al eating);	
	2. Only handling tools that I have been assigned as my tool	
	<ul><li>Washing or sanitizing hands prior to and after any break</li><li>Maintaining 6 feet or more of distance from other vol necessitates closer proximity);</li></ul>	
	<ul><li>5. Maintaining a minimum of 10 feet of distance from any l</li><li>6. Any other on-site requirements made by Gateway Housi</li></ul>	
	Initial here:	
I hereby release Gateway Housing Service Project (to include its partners, officers, directors, staff, affiliates, and successors) of all liability in the event of contracting any illness while participating in this Gateway Housing Service Project workday. The validity, construction, and interpretation of this <b>Release of Claim</b> form shall be governed by and construed in accordance with the laws of the State of Missouri exclusively, and that any and all claims arising from and/or related to this agreement or my participation in a Gateway Housing Service Project home improvement project may only be brought in the courts of competent jurisdiction of St. Louis County, Missouri. I agree to abide by the above agreement and, by signing below, signify my agreement to and the validity of the information provided above.		
Full Legal Name DOB (MM/DD/YYYY)		
Volunte	eer Signature	Date (MM/DD/YYYY)
IF UNDE	ER THE AGE OF 18:	
I, the undersigned Parent/Guardian for the applicant, hereby affirm that I have read the foregoing disclosures and waivers and that I, on behalf of my Child/Ward, agree to the terms and conditions set out above.		
Parent/0	Guardian Signature	Date