

**PRINT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Primary Location: \_\_\_Covington \_\_\_Edgewood \_\_\_Florence  
\_\_\_Ft. Thomas OTHER \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1 _____	5 _____	8 _____
2 _____	6 _____	9 _____
3 _____	7 _____	10 _____
4 _____		

I have read the COVID-19 Volunteer training and fully understand the contents. I agree to follow the requirements as outlined. I understand that there is an inherent risk in volunteering just as there is an inherent risk in interacting with others in any public setting and am willing to accept this risk. I will fully cooperate in any contact tracing and requested COVID testing should that be deemed necessary. Further, I recognize that should I become COVID positive that I am responsible for all costs of treatment.

**SIGNATURE:** \_\_\_\_\_

***If Volunteer is a minor - below must be completed by the legal parent/guardian.***

As the parent/guardian of the above named minor, I confirm that I have read the COVID-19 Volunteer training and fully understand the contents as it pertains to my son/daughter/charge. I agree to the requirements as outlined. I understand that there is an inherent risk in volunteering just as there is an inherent risk in interacting with others in any public setting and grant permission for my son/daughter/charge to resume volunteering. I will ensure full cooperation in any contact tracing and/or requested COVID testing should that be deemed necessary. Further I recognize that should my son/daughter/charge become COVID positive that I am responsible for all costs of treatment.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_