



Liability Waiver and Release for Transportation Services During the COVID-19 Pandemic

I acknowledge that I am participating in the transportation services provided through Stay at Home in Wilton, Inc. (SAHW) at my own risk. I agree to follow SAHW's required use of face coverings, proper hygiene, hand sanitation, surface disinfecting and social distancing. Since social distancing in a vehicle is not feasible you may be asked to ride in the back seat. I understand that even with protective measures in place, COVID-19 exposures can occur. I understand that if I am an older adult, with underlying health conditions, I should not request services that would put me in close and/or prolonged contact with another person whose status is unknown.

I acknowledge that I will immediately cease all participation in any services provided by SAHW if I have been exposed to COVID-19 or think I have, am displaying any symptoms related to COVID-19, or have tested positive for COVID-19. I agree to notify Janet Johnson, Volunteer Coordinator (203-762-2600) of this situation. I understand that my health information will be held confidential by SAHW; although any person who tests positive for COVID-19 is automatically referred by the testing site to the Connecticut Department of Public Health and their local department of health for contact tracing and monitoring.

I recognize that due to the changing nature of the COVID-19 pandemic, SAHW may need to adjust, limit, or suspend the services provided. I understand the Board of Directors through the President, will notify me of any changes to safety precautions or services.

I hereby acknowledge that I have carefully read this waiver and release and fully understand that it is a release of liability. I expressly agree to indemnify, defend and hold harmless SAHW Inc., its officers, directors, employees, members, volunteers, attorneys, agents, representatives, successors and assigns from all responsibility and liability against any and all claims, causes of action, damages, costs, expenses and fees (including without limitation attorney fees and related costs) arising from any illness or death that may occur as a result of my active participation with SAHW. I, for myself, my executors, my heirs, my successors and my assigns fully and forever release and discharge SAHW, its officers, directors, members, volunteers, attorneys, agents, representatives, successors and assigns from any loss, cost, damages, or other liability that I may incur due to my participation with SAHW.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of SAHW, its officers, directors, employees, members, volunteers, attorneys, agents, representatives, successors and assigns. I agree that this waiver and release shall be governed for all purposes by Connecticut law, without regard to any conflict of law principles.

Print name

Signature or Electronic Signature

Date: _____