

EMPLOYEE COVID-19 ACKNOWLEDGMENT OF ASSUMPTION OF RISK

Please read and fill out the form below:

Participant”) hereby acknowledge following:

Participant acknowledges that in light of the potential public health benefits associated with vaccination for COVID-19, The Community Builders, Inc. (“TCB”) has agreed to permit third party health care providers, including but not exclusively CVS (the “Providers”), to administer voluntary vaccination clinics at TCB sites for COVID-19 vaccines approved by the Food and Drug Administration under an Emergency Use Authorization or Biologics License Application (the “Vaccine Clinic(s)"). TCB has provided Participant with materials and information made available to TCB by the Providers regarding the vaccines being offered. TCB will not be providing medical services or medical advice. All medical services related to the Vaccine Clinics, including the administration of any vaccine, will be provided by the Providers.

Participant further understands that while TCB has undertaken some measures to help minimize the risk of COVID-19 transmission by following, where possible, CDC, state and local guidelines, there still remains the risk of contracting the virus while participating in in-person programs and services. Participant understands that the COVID-19 pandemic presents unique health and safety risks and dangers, known and unknown, inherent and otherwise, that cannot be eliminated and which can cause injury, illness, paralysis or death to Participant, other of your family members and other third parties.

I understand that TCB will need to collect certain information required by the Providers and that my information will not be used or disclosed for any purposes or to any parties unrelated to the Vaccine Clinics, and only the information necessary to provide the Vaccine Clinics will be shared.

In the event that I am injured or become ill during a Vaccine Clinic, I authorize the owner, the property manager or the program instructor to arrange for my transportation to the nearest emergency room for treatment. I accept responsibility for any necessary expense incurred in the medical treatment that is not covered by my own health insurance.

My decision to participate on the Vaccines Clinics was not coerced by TCB and I understand that participation in the Vaccine Clinics is voluntary. My signature below indicates that I am the age of 18 years or older and that my consent is freely given as a condition of participating in the Vaccine Clinics provided to me.

Signature: _____

Date _____

Last Updated January 2021