

## **Participant Acknowledgment, Waiver and Release**

I hereby grant the Museum of Science, Inc./Frost Science and its legal representatives the irrevocable right and unrestricted permission to use and publish photographs or video images of me, or in which I may be included, for any purpose authorized by the Museum, including but not limited to: website use, editorial publications, catalog and advertising use. This grant includes the right to modify and retouch the images in the discretion of Frost Science. I understand that the circulation of such materials could be worldwide and that there will be no compensation to me for this use. Furthermore, I understand that I will not be given the opportunity to inspect or approve the finished products or the advertising copy or the printed matter that may be used in connection therewith. In granting this permission to the Museum of Science, Inc./Frost Science and its legal representatives, I am fully and without limitation releasing it from any liability that may arise from the use of the images.

I hereby release, indemnify and save harmless the State of Florida, Florida International University and the Museum of Science, Inc./Frost Science and their respective officers, agents, directors, trustees, and employees, from and against any and all liabilities, actions and causes of action which may arise, directly or indirectly, from the services and work to be performed by me as a volunteer and from the premises which I will occupy in performing those services and matters incidental thereto.

I understand the contagious nature of the Coronavirus/COVID-19. I acknowledge that Museum of Science, Inc./Frost Science has taken appropriate measures to reduce the spread of the Coronavirus/COVID-19 but I also acknowledge that Museum of Science, Inc./Frost Science cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself or third parties.

I have voluntarily chosen to volunteer with Museum of Science, Inc./Frost Science and I acknowledge that I will comply with all safety measures and other procedures required by Museum of Science, Inc./Frost Science.

Prior to arriving at the Volunteer worksite, I will conduct a self-health assessment before volunteering and if I have (a) a fever of 100.4 or higher or (b) 2 or more of the listed symptoms below, I agree that I will not volunteer:

- Chills
- Repeated shaking with chills
- Muscle Pain
- Headache
- Sore throat
- Cough
- Shortness of breath
- New loss of taste or smell
- Congestion
- Runny Nose
- Nausea
- Vomiting
- Diarrhea

If at any time during the 10 days immediately prior to my volunteering I was in “close contact” (less than 6 feet away for at least 15 minutes with someone who (a) tested positive for COVID-19 or (b) is suspected to be infected with COVID-19, I will not volunteer.

I bring my own sun or weather protection (i.e. hat, sunscreen, long sleeves, raincoat etc.), I will wear clothes I am comfortable with getting dirty (including closed toed shoes), and I bring any drinks or snacks I may need

Volunteer Printed Name: \_\_\_\_\_

Legal Guardian Printed Name *(if signing for a volunteer under the age of 18)*:

\_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Volunteer Signature : \_\_\_\_\_ Date: \_\_\_\_\_

*(or legal guardian if signing for a volunteer under the age of 18)*