



I, _____, am aware that, as a volunteer:

1. I am not considered to be an employee of the Exeter Community Library, and,
2. in the event that I am injured while serving as a volunteer, I would
 - a. not be entitled to received workers' compensation insurance, and
 - b. need to rely upon my own medical insurance policy for coverage.
3. I could be exposed to the COVID-19 virus.
4. I hereby release the Exeter Community Library from any claim that I may be entitled to assert against the Exeter Community Library arising out of, or related to, my personal exposure to the COVID-19 virus as a volunteer at the Exeter Community Library.
5. I will adhere to all library safety and hygiene protocols which may include wearing a mask.

Volunteer Signature

Date

For volunteers under 18 years of age:

Parent Signature

Date