



Liability Waiver for Services During the COVID 19 Pandemic

Prior to participating in services or activities through Coastline Neighbors during the Coronavirus (COVID19) Pandemic, I acknowledge I received a printed guide and will receive verbal instruction from Coastline Neighbors regarding new guidelines and CDC information on how to protect myself. I recognize that Coastline Neighbors will continue to encourage me to protect myself and provide me with updated information from the CDC.

I agree to follow Coastline Neighbors' required use of face coverings, social distancing, proper hygiene, hand sanitation and surface disinfecting. I understand that even with these measures in place, I may be exposed to COVID-19, which could lead to serious illness and death.

I acknowledge that I will immediately cease all participation in any services provided by Coastline Neighbors if I have been exposed to COVID-19, am displaying any symptoms related to COVID-19, or have tested positive for COVID-19. I agree to notify Lindy McClean, President 541-469-0864 or Pattie Slagle, Secretary 541-373-1924 of this situation. I understand that my health information will be held confidential, however my activities with Coastline Neighbors may be shared with Curry County Public Health for Contact Tracking and Tracing if it is requested.

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

I freely state that representatives of Coastline Neighbors are not pressuring me to actively participate with services during the pandemic and that it is my choice to do so. I understand I am able to cease my participation at any point, without consequences to my membership and/or the ability to volunteer after the pandemic crisis is over. I also recognize that I am able to cancel, without consequence, a service request if I believe it is in my best interest.

I acknowledge that I am participating in the services and activities provided by Coastline Neighbors at my own risk. I agree to indemnify, defend and hold Coastline Neighbors harmless from all responsibility and liability against any and all damages, costs, expenses and fees (including without limitation attorney fees and costs) arising from any illness or death that may occur as a result of my active participation with Coastline Neighbors. I, for myself, my executors, my heirs, and insurance companies fully and forever release and discharge Coastline Neighbors, its officers, volunteers, agents, representatives, donors, and successors from any loss, cost, damages, or other liability which I may incur in due to my participation with Coastline Neighbors.

By my signature below, I acknowledge that I accept the conditions of this liability waiver, freely and without coercion. It also denotes my desire to continue my participation with the services and activities provided by Coastline Neighbors.

Printed Name _____ Date _____

Signature _____

Please mail or email this document to:
Coastline Neighbors
PO Box 4322
Brooking, Oregon 97415
coastlineneighbors@gmail.com