



## COVID-19 Risk Agreement

*In the interest of everyone's safety during the coronavirus pandemic, please read and sign this risk agreement prior to participating in the Activities with Mālama Loko Ea Foundation. Mahalo!*

1. I certify that I will have current and active health insurance during the term of the Activities, and I will provide, if asked, proof of said insurance to the Mālama Loko Ea Foundation (MLEF) prior to beginning the Activities.
2. I acknowledge that by working with other participants and MLEF staff, I may be exposed to COVID-19 or other illnesses during the term of my Activities.
3. I acknowledge that I should not be participating in the Activities if I am age 65 or older or, at any age, have a serious underlying medical condition as identified by the Centers for Disease Control (CDC) as I might be at higher risk for severe illness from COVID-19.
4. I understand that the following are symptoms of COVID-19: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea ("**COVID-19 Symptoms**"). I certify that in the last 14 days:
  - I have not experienced COVID-19 Symptoms;
  - I have not been in close contact with anyone with COVID-19 Symptoms; and
  - I have not been in contact with anyone who has tested positive for the Covid-19 Virus.
5. If I develop any COVID-19 Symptoms, test positive for COVID-19, or am in close contact with someone with COVID-19 Symptoms or who has tested positive for COVID-19 prior to beginning the Activities, I will not participate.
6. I certify that if, during the term of the Activities, I develop any COVID-19 Symptoms I will
7. immediately leave the Activities, notify MLEF and cooperate with any isolation, quarantine or relocation required by the Conservancy or the State of Hawai'i.
8. I agree to comply with all Executive Orders, directives and related guidance issued in relation to the COVID-19 pandemic ("COVID-19 Requirements"). I also agree to follow all relevant CDC and State of Hawai'i guidelines on COVID-19 and any safeguards or protocols implemented by MLEF staff to ensure my safety and the safety of any third parties with whom I come into contact in the context of the Activities. If I am concerned at any point that I am not able to perform the Activities in a manner that is compliant with all COVID-19 Requirements and COVID-19 Safety Measures, I will not participate.
9. I understand that I can obtain further information about COVID-19 at [cdc.gov/coronavirus/](https://www.cdc.gov/coronavirus/)
10. I acknowledge and agree that MLEF makes no representation or warranty that I will be fully protected from exposure to COVID-19 when participating in the Activities and assume all risk associated with my participation.

<b>Name of Participant (First and Last):</b>	<b>Participant's Signature (if age 18 or over):</b>
<b>Parent/Guardian Name (if participant is minor):</b>	<b>Parent/Guardian Signature :</b>
<b>Date:</b>	<b>Best Contact Number:</b>