



VOLUNTEER COVID-19 AGREEMENT

I, _____ (“Volunteer”) desire to serve as a volunteer for Living Hope International, Inc. and it’s associations in Puebla, Mexico. I hereby attest to the following: (Please initial all that apply).

1. I am not experiencing any symptoms of illness such as fever, cough, or shortness of breath. If I develop these symptoms prior to my visit, I will notify LHI to discuss what actions may need to be taken (e.g., cancel trip, delay trip, reschedule trip, etc.).
2. I am not aware that I have been exposed to a person with a confirmed or suspected case of COVID-19 in the past 14 days.

I have recovered from covid in the last 14 days and can present a negative covid test.

I accept that any cost incurred related to covid that may be acquired before, during, or after my stay with Living Hope International will be covered in full by myself and/or my insurance and that Living Hope International will not be responsible or liable for any costs or health complications related to or associated with my time at Living Hope International.

Signature

Date

Printed Name

Address

