

**VISTON AND HELPING HANDS**  
**RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT**

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING AS IT AFFECTS YOUR LEGAL RIGHTS.

In consideration for permission to volunteer or participate in the Viston and/or Helping Hands program that is made available to residents in **Leisure Village West Condominium Association, Inc.** (the "Association"), I/we, the undersigned (individually and collectively, "I" or "me"), do hereby agree to the following:

In consideration for permission to volunteer or otherwise participate in the Viston and/or Helping Hands program while there is a risk relating to coronavirus/COVID-19, I agree to the terms of this release, waiver and indemnification agreement.

I acknowledge and understand that the Association cannot guarantee that the volunteers at Viston and/or Helping Hands or the residents who are requesting assistance from Viston and/or Helping Hands are free of infectious disease including coronavirus/COVID-19.

I am volunteering to assist in the Viston and/or Helping Hands program or am voluntarily participating in the Viston and/or Helping Hands with full knowledge of the inherent risks and dangers involved, including but not limited to coronavirus/COVID-19. I assume and accept any and all risks of infection, sickness, disease, serious injury, permanent disability or even death.

I agree that I will not volunteer or otherwise participate in the Viston and/or Helping Hands program if I have COVID-19 symptoms, have been in close contact with someone who has COVID-19 within fourteen (14) days, or have been diagnosed with COVID-19 within fourteen (14) days.

**I hereby knowingly and intentionally accept all risks associated with volunteering or participating in the Viston and/or Helping Hands program and hereby waive and release, forever discharge, indemnify, and hold harmless the Association and any and all of its members, directors, officers, agents, affiliates, employees, contractors or volunteers, individually and collectively, from and against any and all claims, actions, causes of action, liabilities, suits and expenses (including reasonable attorney's fees) relating to coronavirus/COVID-19, arising directly or indirectly from my volunteering or participating in the Viston and/or Helping Hands program including, but not limited to, any damage, loss, including economic loss, infection, sickness, disease, serious injury, permanent disability or even death to me, any minor(s) under my care or my property, even if such claims, demands, damages, actions, causes of action, controversies, judgments, expenses and/or liabilities arise solely from the action or inaction of the Association, its board members, contractors, officers, directors, attorneys, managers, management company, members, employees, or their predecessors, successors or assigns. I agree to indemnify, defend and hold the Association and any and all of its members, directors, officers, agents, affiliates, employees, contractors or volunteers, individually and collectively, harmless, to the fullest extent permitted by law, from and against all losses and expenses, incurred by the Association in connection with any claim relating to my volunteering or participating in the Viston and/or Helping Hands program during the coronavirus/COVID-19 pandemic including when the active or passive negligence of the Association is alleged or proven.**

**I understand and acknowledge that I have carefully read this agreement, that I am signing it voluntarily and I understand that it is a release of liability.**

Viston/Helping Hands volunteer name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Address

Resident name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Address