

COVID-19 Waiver 2022 SUMMER INTERNSHIP

Ensuring the safety and well-being of our staff, clients, volunteers and interns is our top priority. Family Service is adhering to CDC guidelines as we continue forward with our mission.

We ask that interns are kept home for monitoring if they are displaying any symptoms associated with virus, to include, but not limited to:

- 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
- Diarrhea

If interns exhibits any of these symptoms we encourage them to stay home for monitoring, seek COVID-19 testing or reach out to their doctor for guidance. If the test results in positive COVID-19 diagnosis, we ask that you share that information with Family Service staff so that we can do our best to keep everyone in the summer internship program safe.

By signing below, you affirm that you:

- Have read and will abide by these stated safety guidelines.
- Will report to work without having experienced any COVID-19 symptoms in the last 14 days such as sore throat, cough, chills, body aches for unknown reason, shortness of breath, loss of smell/taste, fever over 100 degrees.
- Will not report to work if being tested for COVID-19 and currently awaiting results, NOT in quarantine or within a household where someone is being quarantined
- Will report to work and to the best of your knowledge, have NOT been in contact with anyone who tested positive for COVID-19.
- Will notify Family Service and your employer immediately should you need to test for COVID and notify them of your test results as soon as possible.

Accordingly, Family Service shall not be liable or responsible for, and shall be held harmless and indemnified from and against, any and all claims or actions of any kind arising directly or indirectly from participation in any volunteer or intern activities, regardless of whether such claims or actions are founded in whole or in part upon allegations of negligence of Family Service, its representatives, agents, employees or partnering organizations.

Intern Name (Print): _____

**Intern Signature: _____

Date: _____

Parent/Guardian Name (Print): _____

Date: _____

**Parent/Guardian Signature: _____

**By electronically printing your name for signature, you are agreeing to the contents of this form and agree your printed name is equivalent to your signature.

CRIMINAL HISTORY WAIVER

I, THE UNDERSIGNED, AM A LEGAL MINOR AND DO STATE THAT I HAVE NEVER BEEN ARRESTED NOR HAVE EVER BEEN CHARGED WITH THE COMMISSION OF NEITHER A CRIME NOR A JUVENILE OFFENSE.

Applicant's Name (Printed)

Date

**Applicant's Signature

Parent/Guardian's Name (Printed)

Date

**Parent/Guardian's Signature

**Be electronically printing your name for signature, you are agreeing to the contents of this form and agree your printed name is equivalent to your signature.

MEDICAL EMERGENCY CONTACT INFORMATION

Please list any known allergies and the medication you may be taking for them.

Allergy	Medication

What other medical concerns should we be aware of in order to make your internship a success?

In case of an emergency, please contact/notify:

1) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
TELEPHONE: _____

2) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
TELEPHONE: _____

LIABILITY WAIVER

AGREEMENT INCLUDING RELEASE AND LIABILITY INDEMNIFICATION

In consideration of participant being allowed to participate in the Youth College and Career Opportunities Program, the undersigned hereby releases Family Service Association of San Antonio, Inc. (Family Service), its employees, agents, and partnering agencies from any action, claim, or demand for personal injury or property loss from or due to any negligent act or omission of Family Service, its employees, agents, and/or partnering organizations who are participating in the Youth College and Career Opportunities Program. This release shall have no effect with regard to damages caused by the parties' gross negligence. Permission is given for any emergency medical treatment, operation, or anesthesia, which might become necessary. I agree to be responsible for the expense of medical treatment or service.

WHEREAS, FAMILY SERVICE consents and agrees to permit _____ hereinafter YOUTH to participate in the Youth College and Career Opportunities Program, subject to the adherence of the YOUTH to any provisions set out in the rules and regulations of Family Service, and the parent or guardian of YOUTH, hereinafter PARENT or GUARDIAN, consents to YOUTH participating in the Youth College and Career Opportunities Program.

NOW, THEREFORE, for and in consideration of the premises and the mutual promises, covenants, and agreements set forth in this Agreement, FAMILY SERVICE, PARENT OR GUARDIAN, and YOUTH agree that FAMILY SERVICE, its employees, agents, and/or partnering agencies, shall not be liable or responsible for, and shall be SAVED, HELD HARMLESS, RELEASED, and INDEMNIFIED by PARENT or GUARDIAN and YOUTH from and against any and all suits, actions, losses, damages, claims, or liability of any character, type, or description, including but not limited to all expenses of litigation court, costs, and attorney fees for injury or death to any person, or injury to any property received or sustained by any person or persons or property arising out of, or occasioned by, directly or indirectly, the participation of YOUTH in the Youth College and Career Opportunities Program including claims and damages arising in whole or in part from the negligence of FAMILY SERVICE, its employees, agents, or partnering agencies.

IT IS THE EXPRESS INTENT OF THE PARTIES TO THIS AGREEMENT THAT THE INDEMNITY PROVIDED FOR IN THIS AGREEMENT IS AN INDEMNITY EXTENDED BY PARENT OR GUARDIAN AND YOUTH TO INDEMNIFY AND PROTECT FAMILY SERVICE FROM ANY AND ALL CLAIMS OR ACTIONS AS SET FORTH ABOVE, OF ANY KIND, ARISING DIRECTLY OR INDIRECTLY FROM THE PARTICIPATION OF YOUTH IN THE YOUTH COLLEGE AND CAREER OPPORTUNITIES PROGRAM, REGARDLESS OF WHETHER SUCH CLAIMS OR ACTIONS ARE FOUNDED IN WHOLE OR IN PART UPON ALLEGED NEGLIGENCE OF FAMILY SERVICE, ITS REPRESENTATIVES, AGENTS, EMPLOYEES, OR PARTNERING ORGANIZATIONS.

In making this Agreement, PARENT or GUARDIAN and YOUTH rely wholly upon their own judgement, belief, and knowledge and have not been influenced to any extent whatsoever by any representations or statements not contained in this Agreement.

Applicant's Name (Printed): _____

****Applicant's Signature:** _____

DATE: _____

Parent/Guardian's Name (Printed): _____

****Parent/Guardian's Signature:** _____

DATE: _____

**Be electronically printing your name for signature, you are agreeing to the contents of this form and agree your printed name is equivalent to your signature.