

### Release of Liability:

I \_\_\_\_\_, wish to continue my volunteer work with the North Texas affiliate of the National Alliance on Mental illness, and hereby acknowledge that this organization is doing everything that it can to protect the public as well as myself as a volunteer.

\_\_\_\_\_ I understand that NAMI North Texas strongly recommends that their volunteers use masks and are vaccinated but, I am the sole party responsible for the precautionary measures I elect to use to protect myself from communicable illnesses (e.g., COVID-19).

\_\_\_\_\_ I understand that NAMI North Texas will provide me with hand sanitizer and masks when carrying out organizational engagements such as support groups, classes, and any engagements that NAMI North Texas deems necessary.

\_\_\_\_\_ I understand that physical distancing is a requirement in environments that are considered higher risk, such as enclosed spaces where individuals are in close proximity.

\_\_\_\_\_ I understand that NAMI North Texas staff members may unexpectedly visit sites to ensure guidelines are being met and that any violations are subject to internal correction.

\_\_\_\_\_ I understand that NAMI North Texas will continue to stay up to date on the latest information regarding COVID-19 and will reassess and update in person meetings and events as necessary, per the CDC guidelines.

**Vaccination Status:**

- Vaccinated
- Unvaccinated
- Prefer not to disclose

By signing this form, I am aware that the answers I have provided are for internal use only, and will not be released or distributed. I also acknowledge that by signing this form I release NAMI North Texas of any liability in the unfortunate event that I become ill.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature