KNOX STREET MEDICINE OUTREACH VOLUNTEER ACKNOWLEDGEMENT WAIVER AND RELEASE

The undersigned (“Volunteer”) hereby acknowledges and agrees to volunteer their services for the **Knox Street Medicine Outreach, Knoxville, Tennessee.** The Volunteer further acknowledges and agrees to serve without expectation of pay or any benefit, and explicitly not as an employee of Knox Street Medicine Outreach. Volunteer affirms that they have no physical or mental condition that would impair their capability to participate fully in any such service, as intended or expected, and that they will abide by all safety instructions and information provided for any such service.

The volunteer understands and accepts the risks inherent in volunteer medical care for people living without shelter, including transportation, hiking, infectious disease, civil unrest, and crime.

In connection with the provision of such voluntary services, Volunteer, on behalf of self, and their partner, spouse, family, estate, personal representatives, heirs, executors, administrators and assigns and hereby waives any and all claims, actions, causes of action, damages, remedies and any other rights (collectively called the “Claims”) that may arise from or relate in any way to the provision of such voluntary services, including without limitation Claims for illness, personal injury, death, property damage, compensation or wages.

Volunteer acknowledges the fact that the Knox Street Medicine Outreach and its volunteers provide free medical care to patients living without shelter under the provision of Tennessee annotated code 63-6-218, The Good Samaritan Law.

Volunteer also specifically acknowledges that no insurance coverage or any other benefit or consideration of any kind is or shall be provided to me by Knox Street Medicine Outreach, in connection with my volunteer service, nor has any representation of coverage or other benefit been made to me.

Volunteer gives prior consent to emergency medical treatment and transport to a qualified medical facility if necessary.

Volunteers also certify they understand the risk of transmission of blood borne, respiratory and personal contact infectious diseases, including Covid-19 and will adhere to protocols to protect themselves and others from transmission of all such diseases.

Volunteer agrees to abide by all current and standard laws and regulations pertaining to patient confidentiality, and that medical records or any information concerning a patient, whether written, electronic, photographic, or verbal, is confidential and privileged. Such information is only to be made available to those involved in the patient’s care on a need-to-know basis.

This Volunteer Waiver and Release shall be governed in all respects by the laws of the State of Tennessee and the United States of America.

In Witness Whereof, Volunteer freely and without duress, having fully read the foregoing, and understanding the contents thereof, hereby agrees to provide her or his services, voluntarily and without compensation, upon the terms and conditions stated above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: ￼\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_