



COVID-19 Risk Addendum

Hearts In Motion works diligently to provide a safe experience and environment for our staff, volunteers and partners. We have outlined requirements for us to facilitate participation in trips in relation to the COVID-19 pandemic. These requirements are in line with US and international government directives and are revised as new guidelines are released.

Below is a list of conditions I, _____ personally acknowledge:

- I understand that Hearts In Motion requires I receive a Covid-19 vaccine (1 or 2 step, depending upon the manufacturer), to prevent contracting or spreading COVID-19
- I understand that individuals listed in a high-risk category by the CDC are advised not to participate without a doctor's clearance, and have included such clearance if I fall into a high-risk category. Hearts In Motion, in consultation with our medical advisor, reserves the right to deny persons with a high risk condition from travelling with HIM.
- I understand that volunteers and staff will be traveling, eating, sleeping, working and having close contact during the week.
- I understand I will be required to wear a mask at all times except for sleeping, eating and personal hygiene activities.
- I understand in the event that I am refused entry at the airport, any return expenses are my responsibility.
- I understand that in the event of a COVID-19 contact/case incident, it may be necessary that I am quarantined.
 - A medical professional will be consulted as necessary for specific guidance
 - I will be responsible for any costs associated with a quarantine
- I understand and acknowledge that I will potentially need to be tested for COVID -19 within the 72 hours prior to my return to the United States per US requirements. Cost of such testing will be covered by Hearts In Motion
- I understand that each public health department and job has specific guidelines regarding COVID-19 and travel and that I may be required to quarantine for up to 14 days upon my return to the United States.
- I understand and agree to follow additional restrictions outlined by Hearts In Motion staff and government agencies for my safety.

Signature of Volunteer

Date

Printed Name of Volunteer

_____ Proof of Vaccination provided

_____ Physician Release provided

2/19/21