

University of Arkansas for Medical Sciences  
UAMS Medical Center Volunteer  
Risk Acceptance and Waiver

In choosing to engage in any of these or other volunteer options that may become available, you are also agreeing again to abide by all University of Arkansas for Medical Sciences (UAMS) and Department of Volunteer Services rules and to conduct yourself in an appropriate manner.

You understand that these activities may increase your risk of exposure to COVID-19 and other illnesses or injuries. COVID-19 is a pandemic virus which could cause you to become ill to the point of permanent harm or death. You accept that risk and understand that the risk of transmission of COVID-19 is high and that it appears to spread through the community easily, potentially putting you and those you come in contact with at risk. You additionally understand that contact with a known or suspected COVID-19 patient could require that you enter quarantine for at least fourteen (14) days. You further agree to maintain patient confidentiality and comply with all HIPAA and patient privacy rules. Certain risks are inherent to and associated with the various activities, research, and patient care conducted at UAMS.

By choosing to volunteer in these activities:

- You are agreeing to assume all of those risks and to hold harmless UAMS, and the Board of Trustees of UAMS, their agents, officers, and employees and to not hold them responsible or liable for any harm or injury, from any cause, relating to or arising from these activities.
- You are agreeing to indemnify and hold harmless the same entities and persons from the claims of other persons arising out of your acts or omissions.
- Also, you understand that any criminal act or intentional tort committed by another person against you is against UAMS policy and outside the scope of that person's employment or relationship with UAMS, and that UAMS is not vicariously liable for such acts.
- Finally, you understand that these conditions and agreements are binding on all of your heirs, executors, administrators, representatives, assignees, successors, and estates.

By completing this form to serve as a UAMS Volunteer, you acknowledge that you have read and understand everything above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date