HEALTH AND SAFETY GUIDELINES FOR IN-PERSON PROGRAMS

July 14, 2026

Voices of Hope for Aphasia ("VOH") is committed to providing a safe, welcoming, and healthy environment for our members, families, staff, volunteers, and visitors. Many of our members may be at increased risk for serious illness due to underlying health conditions. We ask everyone to help protect one another by following these Health & Safety Guidelines.

Participation in community programs carries an inherent risk of exposure to communicable or infectious diseases. While VOH takes reasonable measures to promote a healthy environment, we cannot guarantee that exposure will not occur.

VOH monitors guidance from the Centers for Disease Control and Prevention (CDC), the Florida Department of Health, and other applicable public health authorities. We reserve the right to modify these guidelines or suspend in-person programming if necessary to protect the health and safety of our community.

IN-PERSON POLICY:

Please help keep each other safe and STAY HOME if you:

- Have a fever or feel feverish
- Are experiencing symptoms of a contagious illness, including but not limited to cough, sore throat, congestion, shortness of breath, vomiting, diarrhea, body aches, unusual fatigue, or other symptoms of an infectious disease
- Have been advised by a healthcare provider or public health authority to isolate due to a communicable illness
- Believe you may have a contagious illness that could pose a risk to others
- Have participated in activities deemed by the CDC to be moderate-high risk
- **Have been in contact**, within the past 5 days, with someone who is, or may be, ill
- **CRUISE TRAVEL:** you may **not** participate in group sessions for 3 full days after your return. If your cruise ends on a Saturday, your first possible day at our groups would be Wednesday. HOWEVER, please closely monitor yourself and DO NOT return to group sessions if you are feeling ill in any way. Help to keep all of our members safe and healthy.

Everyone must sign a **Health & Safety Liability Waiver Policy** (below) and the acknowledgement and acceptance of our policies. We make decisions for the health and safety of our members, staff, volunteers, and families, and we depend upon each of you to honor our policy and help us keep each other safe.

PROTOCOLS:

- Our center will be **deeply cleaned and disinfected** weekly. All group rooms will be sanitized between each session.

- High quality **air purifiers/filters** with dual HEPA H13 filters will be placed in group meeting rooms.

- **Hand sanitizers** are available throughout the centers and within the meeting rooms.

- **Masks** are welcome but not required. Participants, families, staff, volunteers, and visitors may choose to wear a mask based on their personal preference, health needs, or recommendations from their healthcare provider.

- All surfaces and items within the center and group rooms including, doorknobs, chairs, pens, treatment materials, bathroom surfaces, and more will be **cleaned daily**.

In addition, we will **require our members, staff, volunteers, and any other persons** who may need to enter our center to exercise extreme precautions.

We reserve the right to make changes to this policy based on recommendations by the CDC and local government.

Voices of Hope for Aphasia

HEALTH & SAFETY ACKNOWLEDGEMENT

LIABILITY WAIVER AND RELEASE OF CLAIMS

HEALTH & SAFETY INFORMATION:

Participation in Voices of Hope for Aphasia, Inc. ("VOH") programs, activities, and events may involve exposure to communicable or infectious diseases. While VOH takes reasonable precautions to promote a healthy environment, it cannot guarantee that participants, volunteers, staff, partners, or visitors will not be exposed to or become ill from communicable diseases.

By participating in a VOH program, activity, or event, you certify that, to the best of your knowledge, you are not experiencing symptoms of a contagious illness that could place others at risk, and you agree to follow VOH's Health & Safety Guidelines.

DUTY TO SELF-MONITOR:

Participants, family members, staff, and volunteers agree to monitor themselves for symptoms of communicable or infectious diseases before attending VOH activities. If you develop symptoms of a contagious illness or are diagnosed with a communicable disease shortly after participating in a VOH activity, you agree to notify VOH as soon as reasonably possible so appropriate precautions can be taken to protect others.

LIABILITY WAIVER AND RELEASE OF CLAIMS:

I acknowledge that I derive personal satisfaction and a benefit by virtue of my participation and/or voluntarism with VOH, and I willingly engage in VOH activities, programs, or events (the "Activity").

RELEASE AND WAIVER:

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST VOICES OF HOPE FOR APHASIA, INC AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED

TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

ASSUMPTION OF THE RISK:

I acknowledge and understand the following:

1. Participation in VOH activities may involve exposure to communicable or infectious diseases, including but not limited to COVID-19, influenza, RSV, norovirus, the common cold, and other contagious illnesses. Although VOH takes reasonable precautions to reduce these risks, it cannot eliminate them.
2. I knowingly and voluntarily assume all risks associated with participation in VOH activities, including risks related to exposure to communicable or infectious diseases.
3. I further assume all risks of injury, illness, harm, or loss associated with participation in the Activity, including those arising from the negligence of the Released Parties to the fullest extent permitted by law.

MEDICAL ACKNOWLEDGMENT AND RELEASE:

I acknowledge the health risks associated with the Activity, including but not limited to transient dizziness, lightheadedness, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, or sudden death. I agree that if I experience any of these or any other symptoms during the Activity, I will discontinue my participation immediately and seek appropriate medical attention. I DO HEREBY RELEASE AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY.

As a participant, volunteer, or attendee, You recognize that your participation, involvement and/or attendance at any Voices of Hope for Aphasia activity (“Activity”) is voluntary and may result in personal injury (including death) and/or property damage. By attending, observing or participating in the Activity, You acknowledge and assume all risks and dangers associated with your participation and/or attendance at the Activity, and You agree that: (a) Voices of Hope for Aphasia, Inc. (b) the property or site owner of the Activity, and (c) all past, present and future affiliates, successors, assigns, employees, volunteers, vendors, partners, directors, and officers, of such entities (subsections (a) through (c), collectively, the "Released Parties"), will not be responsible for any personal injury (including death), property damage, or other loss suffered as a result of your participation in, attendance at, and/or observation of the Activity, regardless if any such injuries or losses are caused by the negligence of any of the Released Parties (collectively, the "Released Claims"). BY ATTENDING AND/OR PARTICIPATING IN THE ACTIVITY,

YOU ARE DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW.

_____ _____

Name Date

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Signature of Member, Staff, Volunteer or POA/Legal Guardian