

Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The mission of the programs at St. John's United Methodist Church is to provide children a developmentally appropriate, intellectually stimulating, and spiritually nurturing program in a safe, supervised, loving environment. In order to continue to meet this mission while minimizing the potential for community spread of the COVID-19 virus, St. John's UMC has put in place a number of preventative safety measures specific to the operation of the VBS program (social distancing, masks, and sanitation).

St. John's United Methodist Church has enacted this plan and the measures specified within it to reduce the spread of COVID-19; however, St. John's United Methodist Church cannot guarantee that the VBS program participants will not become infected with COVID-19. Further, a child's participation in VBS activities – the very nature of which require social contact amongst children from different families - could increase the risk of contracting COVID-19 despite all reasonable safety measures available to the volunteers and staff of St. John's United Methodist Church VBS.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) may be exposed to or infected by COVID-19 by participating in the VBS program at St. John's United Methodist Church, and that such exposure or infection can potentially result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at St. John's United Methodist Church VBS activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, St. John's United Methodist Church employees, and other participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my presence or my child(ren)'s presence at St. John's United Methodist Church or participation in the VBS program ("Claims"). On behalf of my child(ren) and myself, I hereby release, covenant not to sue, discharge, indemnify and hold harmless St. John's United Methodist Church, its employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of St. John's United Methodist Church, its employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after being present of the premises of St. John's United Methodist Church and/or participating in the VBS program.

Name of Child(ren) registered for VBS

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Health/Symptom Screening

In the past fourteen (14) days have you or your child(ren) had contact with anyone who has been tested positive for Coronavirus/Sars-Cov-2/Covid-19?

Yes No
☐ ☐

In the past fourteen (14) days have you experienced any of the following symptoms:

	Yes	No
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>
Muscle pain	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
New loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>

Body Temperature: _____ degrees Fahrenheit

I attest that the information I have given has been true and correct to the best of my knowledge. I understand that failure to honestly report symptoms could result in someone else contracting COVID-19 which could result in serious bodily damage or death.

Signature of Parent

Date

Print Child Name