

COVID-19 PUBLIC HEALTH EMERGENCY  
SPECIAL CONDITION ACKNOWLEDGMENT AND DISCLOSURE

Please read and initial each statement below.

1. \_\_\_\_\_ I understand that to participate in gsYouth sponsored events, I must be free from COVID-19 symptoms. If, during the course of the day, any of the following symptoms appear I must immediately notify the ministry leader in charge. Symptoms include:

- Fever of 100 degrees Fahrenheit or higher
- dry cough
- shortness of breath
- chills
- loss of taste or smell
- sore throat
- muscle aches

While we understand that many of these symptoms can also be related to non-COVID-19 related issues, we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. You will need to be symptom free for 72 hours before attending any gsYouth sponsored event.

2. \_\_\_\_\_ I understand that my temperature may be taken before participating in activities.

3. \_\_\_\_\_ I understand that wearing a mask is required at all gsYouth events. I understand that if I do not comply with the mask regulations, I may be asked to leave the event.

4. \_\_\_\_\_ I will wash my hands using CDC recommended handwashing procedures throughout the event using warm running water and rubbing with soap for at least 20 seconds.

5. \_\_\_\_\_ I understand that outside of care, in order to control my exposure in the community, I will comply with any and all state, county or local orders.

6. \_\_\_\_\_ I understand that while participating in gsYouth events, I will be in contact with individuals who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

8. \_\_\_\_\_ I understand that Good Shepherd reserves the right to make changes to the waiver at any time in accordance to any changes from the CDC or state, local and county orders.

9. \_\_\_\_\_ I, certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Good Shepherd could result in removal from the event and not being allowed at future events.

Student Signature

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Date

Parent Signature

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Date