

2020 CORONAVIRUS/COVID-19 RELEASE FORM

Participant's Name: _____

Participant's Age: _____

RISK ACKNOWLEDGEMENT

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Xclaim, Inc. has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Xclaim, Inc. cannot guarantee that the participant will not become infected with the Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, and other participants and their families.

I voluntarily seek services provided by Xclaim, Inc. and acknowledge that I am increasing my risk and my child's risk to exposure to the Coronavirus/COVID-19. I acknowledge that I and my child must comply with all set procedures to reduce the spread while attending or participating in this program.

Print Parent/Guardian Name

Parent/Guardian Signature

SCREENING ELIGIBILITY

I, the parent/guardian, attest that the above listed participant: *(initial at the line by each statement)*

___ Is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

___ Has not traveled internationally within the last 14 days.

___ Has not traveled to a highly impacted area within the United States of America in the last 14 days.

___ Does not believe s/he has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

___ Has not been diagnosed with Coronavirus/COVID-19 and not yet cleared as non-contagious by state or local public health authorities.

___ Is following all CDC recommended guidelines as much as possible and limiting her/his exposure to the Coronavirus/COVID-19.

CORONAVIRUS/COVID-19 WAIVER

On behalf of my child _____ *(print child's name)*, myself, my child's heirs, my heirs, and any personal representatives, I hereby release and agree to hold Xclaim, Inc. harmless from, and waive any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of Xclaim, Inc., or that may otherwise arise in any way in connection with any services received from Xclaim, Inc. I understand that this release discharges Xclaim, Inc. from any liability or claim that my child, my child's heirs, I, my heirs, or any personal representatives may have against Xclaim, Inc. with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Xclaim, Inc. This liability waiver and release extends to all board members of Xclaim, Inc., property owners, staff, volunteers, participants and their families.

Print Parent/Guardian Name

Parent/Guardian Signature

POLICIES AND PROCEDURES AGREEMENT

My child and I have read, understand, and agree to abide by all the 2020 Summer Acting Camp Policies and Procedures with COVID-19 Guidelines.

Participant Signature

Parent/Guardian Signature