

Assumption of the 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. West Arts Productions has put in place preventative measures to reduce the spread of COVID- 19; however, West Arts Productions cannot guarantee that you, your child(ren), or anyone that resides with you will not become infected with COVID-19. Further, attending the West Arts Productions Summer Camp 2021 could increase your risk, your child(ren)'s risk, and the risk of anyone residing with you of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Summer Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Summer Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, West Arts Productions staff, volunteers, and program 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) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Summer Camp or participation in Summer Camp programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless West Arts Productions, its staff, 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 the West Arts Productions Summer Camp, its Staff, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any West Arts Productions program.

Student Name	
Signature of Student/Date	
Signature of Parent/Guardian Date	
Print Name of Parent/Guardian/Date	



COVID-19 Screening Checklist for Staff and Students

1. Are you experiencing any symptoms such as fever, cough, or shortness of breath?

□Yes □ No Comment_____

2. Are you experiencing at least two of the following symptoms; fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, and/or new loss of taste/smell?

□Yes □No Comment_____

3. Have you been in close or direct contact with anyone who has been diagnosed with COVID-19?

□Yes □No Comment_____

4. Are you currently in close, direct contact with anyone, such as a family member who is experiencing symptoms or has been confirmed as positive for COVID-19?

□Yes □No Comment_____

5. Have you traveled outside the state of California within the last 14 days or have you been around anyone who has?

□Yes □No Comment_____

By signing below, I certify all information is true and correct to the best of my knowledge.

Student Name _____

Signature of Student/Date_____

Signature of Parent/Guardian Date _____

Print Name of Parent/Guardian/Date_____

Person Performing Screening: _____

Time:_____Temperature:_____(Temp must be below 100.3)

If the staff/student is symptom free allow entry to building and remind individual to wash their hands or use Alcohol-based hand sanitizer throughout their time in the building.