COVID-19 RELEASE AND ASSUMPTION OF RISK

This is release of liability. Read carefully before signing.

The novel coronavirus, COVID-19, is a respiratory illness that is spread through the air via droplets from an infected person or by touching contaminated surfaces. It may cause severe illness, disability, and death, especially for seniors and persons with underlying health conditions. Children usually have mild symptoms, but they can infect persons in their household. Many who have the virus do not have any symptoms, which makes the virus even more contagious.

COVID-19 MITIGATION AND EXPOSURE RISK

The City’s child day care, senior respite care, and child and adult recreational programs are operated under the guidelines set forth by the CDC and the state, as well as state and local public health officer orders. This includes daily check-in of all staff and participants for any fever, practicing 6 ft. social distancing, staff wearing face masks and encouraging participants to do the same, reminding participants not to touch their face, frequently washing hands, and sanitizing high touch surfaces. While staff will remind participants to comply with these requirements, they may refuse or forget to comply. It is not possible to ensure that every participant will constantly comply with the COVID-19 mitigation requirements. Because it is a respiratory illness, there is a risk of exposure that a participant could contract the virus while at the City program.

RELEASE AND WAIVER

Knowing the risks and in consideration of being permitted to participate in the City’s program, I hereby agree to the following:

1. Each morning I will check myself and my child or senior relative (as applicable) and I or they will not attend if we or any other member of my household has any COVID-19 symptoms: which include fever, chills, cough, sore throat, runny nose, shortness of breath, loss of taste or smell, unusually fatigued, vomiting, or diarrhea; and for children also muscle pain, abdominal pain, rash, and bloodshot eyes; even if you think it’s just a cold or allergies.

2. On behalf of myself, my child, my senior relative, and other members of my household; we voluntarily waive, release, and discharge the City of Sacramento (“City”) and its respective officers, employees, contractors, and volunteers, (collectively “Releasees”) from all claims, actions, or demands of any kind, nature, and description (collectively “Claims”), including Claims for damages for medical care and personal injury, including disability and death, which I, my child, my senior relative, and any other member of my household may have now or in the future against Releasees arising out of or in any way related to or connected with I or their participation in the City’s program which results in I and/or we contracting COVID-19, Multisystem Inflammatory Syndrome in Children, or related illness.

3. This release is intended to discharge, in advance, Releasees from any and all liability arising out of or connected in any way with I, my child, my senior relative, or any other member of my household contracting COVID-19 or a related illness even though that liability may arise out of negligence or carelessness on the part of Releasees in insuring strict compliance with the COVID-19 requirements. I further understand and agree that this COVID-19 Release and Assumption of Risk is binding on me and my child, my senior relative, and all other members of my household, and our respective heirs, executors, administrators, and assigns.

I have read this COVID-19 Release and Assumption of Risk and understand that I, and on behalf of the other members of my household, are giving up substantial rights by signing it, and I am hereby attesting to the fact that I am representing my relatives and the members of my household and I signed it voluntarily.

Signature: ____________________________________________ Date: ____________________

Name of Participant: _____________________________________________________________

Parent or Guardian  Printed Name: ________________________________________________

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