Kentucky YMCA Youth Association COVID-19 Waiver

The Kentucky YMCA Youth Association is hosting a program and wants to do everything

possible to ensure the health of all participants in this Covid-19 Emergency to prevent communicable disease. Participants will participate in several activities that involve some degree of risk of infection, injury or even death. Participants agree to strictly abide by all rules, instructions and standards of conduct. Participation in these events is purely voluntary. By signing this Agreement, you acknowledge and accept these risks and you agree to your child’s participation.

BEFORE COMING TO THIS PROGRAM, Students and Parents/Guardians must complete this form and screening.

UPON ARRIVAL AT LTC, the Medical Screening will be repeated.

Questions Before Leaving for Event, please circle one

1. Have you been in contact with anyone who has COVID-19 or is otherwise sick? **YES NO**
2. Have you or anyone you have been in close contact with traveled on a cruise ship, internationally, or to any area with a known communicable disease outbreak in the last 14 day? **YES NO**

\*\*\*If the answer is “yes” to either of these questions, the participant must stay home.\*\*\*

1. Are you in a higher-risk category as defined by the CDC guidelines? **YES NO**

\*\*\*If the answer is “yes” to this question, we recommend that you stay home. Should you choose to participate, we encourage you to have approval from your healthcare provider and then proceed to the symptom decision below but please note you are responsible for the health risk you may be taking.\*\*\*

Pre-LTC if you can answer YES to any of the symptoms below you must stay home, please circle.

1. Shortness of breath **YES NO**
2. New or worsening dry cough **YES NO**
3. Fever of 100.4 or greater **YES NO**
4. Vomiting **YES NO**
5. Diarrhea **YES NO**
6. Chills **YES NO**

At LTC if you answer YES to any of the TWO symptoms below the student will be sent home and parents/guardians should pick up the student within six hours or as soon as possible, please circle.

1. Cough **YES NO**
2. Unexplained Extreme fatigue or muscle aches **YES NO**
3. Sore throat **YES NO**
4. Open sore **YES NO**
5. Diarrhea **YES NO**

All symptoms above are associated with communicable diseases and the participant MUST stay/return home until medically cleared by their health care provider.

When you arrive to LTC please remember that is required by Berea College to show a negative COVID-19 test (3 days out) or show your vaccination card (14 days out).

Masks will be required indoors but will only be required outdoors when social distancing isn’t possible or physical activity is taking place. Please bring multiple masks.

I have carefully considered the risks involved and am giving consent for my child to participate. I agree to hold harmless, and will indemnify the Kentucky YMCA Youth Association and all employees, volunteers, chartering organizations, and sponsoring organizations from any and all claims or liability, loss or damages arising out of my and/or my child’s participation or

injury to themselves or others.

I give my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of LTC Participant), permission to participate in the program.

Parent/Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Parent/Guardian legibly printed name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_