**Health and Safety Plan, Acknowledgement, and Assumption of the Risk and Waiver of Liability Relating to Coronovirus/COVID-19 for Keller United Methodist Church**

Please read and initial each statement below.

1. I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that during drop-off and pick-up I **MUST** wear a mask at all times. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone’s risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.
2. I understand that **IF** there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area I **MUST** sanitize my hands before entering and wear a mask. While in the facility I must practice social distancing and remain six feet from all other people, except for my own child.
3. I understand that to enter the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the center, I will be contacted, and my child **MUST** be picked up from the facility within an hour of being notified. If my child, or a member of our household is experiencing any of the following symptoms, my child will be excluded from the program.

Symptoms include,

* + - fever of 99.4 degrees Fahrenheit or higher
    - dry cough
    - Shortness of breath
    - Chills
    - Loss of taste or smell
    - Sore throat
    - Muscle aches
    - Diarrhea

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. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

1. I understand that my child’s temperature will be taken at drop-off and once during the day while on facility premises.
2. I understand that my child will not be required to wear a mask.
3. I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds. Hand sanitizer will also be used when handwashing is not available.
4. I understand that I must send my child with two sets of clothing each day. Each set needs to be in its own plastic ziplock bag. In the event a child has a bathroom accident or a spill, the child will change clothing and soiled clothing will be placed in the bag.
5. I understand that I must send a reusable water bottle with my child’s name clearly marked with my child each day.
6. I understand that outside of care, in order to control my child’s exposure in the community, I will comply with any and all state, county or local stay-at-home orders and mask orders.
7. \_\_\_\_\_\_\_ I understand that if Building Blocks is advised by the local health authorities to close for a quarantine or if Building Blocks decides to close for 24 hours, the tuition for that period will not be eligible for a refund or credit. For any subsequent quarantine closures, specific to Building Blocks, families will be eligible for a credit for future tuition.
8. I will immediately notify Building Blocks if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 3 above, is advised to self-isolate, quarantine, has tested positive, or is presumed positive for COVID-19.
9. \_\_\_\_\_\_\_I understand that my child’s enrollment may be terminated if my child/family violates any of the guidelines stated in this document or if my child/family is unwilling or unable to follow the guidelines stated in this document.
10. I understand that while present in the facility each day my child will be in contact with children, families and other employees 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 my family and I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein. I understand that these guidelines can and will be updated and changed related to developments and updates to the Public Health Emergency on the national, state, and local level and based on best practices, CDC guidance and licensing recommendations and/or requirements. Further, I acknowledge that the center administrators have the right and responsibility to enact and enforce policies and procedures to keep all employees, children and their families as safe as possible.

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 Building Blocks will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

**for Keller United Methodist Church**

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.

**Keller United Methodist Church (“*KUMC*”)** has put in place preventative measures in an attempt to reduce the spread of COVID-19; however, KUMC **cannot guarantee** that you and/or your child(ren) will not become infected with COVID-19. Further, attending educational programs at KUMC, including, but not limited to, KUMC Building Blocks, **could increase the risk** of you and/or your child(ren) contracting COVID-19.

\* \* \* \* \* \* \* \* \* \* \* \*

By signing this Assumption of the **Health and Safety Plan, Acknowledgement, and Assumption of the Risk and Waiver of Liability Relating to Coronovirus/COVID-19 for Keller United Methodist Church** (“*Waiver*”), I, for myself, and on behalf of my child(ren), acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that by my child(ren) attending KUMC Programs, I and/or my child(ren) may be exposed to and infected by COVID-19, 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 KUMC may result from the actions, omissions, negligence, or gross negligence of me, my childr(ren) and others, including, but not limited to, KUMC employees, volunteers, and KUMC Programs participants and their families.

**I, for myself, and on behalf of my child(ren), voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to me and my child(ren) (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 KUMC Programs (“*Claims*”), however caused and whether caused in whole or in part by the negligence or gross negligence of the Released Parties (as hereafter defined).**

**I, for myself, and on behalf of my child(ren), hereby release, covenant not to sue, discharge, and hold harmless KUMC, its directors, officers, employees, volunteers, agents, and representatives (“*Released Parties*”), from the Claims, including all liabilities, claims, actions, damages, causes of action, costs or expenses of any kind arising out of or relating thereto, however caused and whether caused in whole in part by the negligence or gross negligence of the Released Parties, and whether a COVID-19 infection occurs before, during, or after participation in any KUMC Programs.**

By my signature below, I agree, acknowledge and consent that this Waiver is fully enforceable, and is binding upon me and my and my child(ren)’s legal representatives, heirs, administrators, guardians, executors, successors and assigns. This Waiver is irrevocable and is binding immediately upon execution and cannot be modified, amended or limited unless agreed upon in writing by me and KUMC. In the event any provision or part of this Waiver is found to be invalid or unenforceable, only that particular provision or part so found, and not the entire Agreement, will be inoperative.

By executing this Waiver, I acknowledge that I have read the foregoing and fully understand the terms and consequences of the Waiver.

KUMC Programs Participant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR MINOR CHILDREN, BOTH PARENTS/GUARDIANS MUST SIGN OR NOTE SPECIFICALLY WHY THERE IS ONLY ONE PARENT/GUARDIAN SIGNATURE**

Parent/Guardian Parent/Guardian

Signature: Signature:

Printed Name: Printed Name:

Date: Date: