

Covid-19 Risk Acknowledgement and Acceptance Form

I, _____(name of the person), acknowledge and accept that the novel coronavirus (Covid-19) represents a serious health threat to persons exposed to it, and that each participant associated with the _____(name of the activity) are relying on the truthfulness and accuracy of the certifications made by one another in every one of these forms completed by every participant. I am certifying that to the best of my knowledge, information and belief, neither I, my child or a member of my household will participate in this activity if : (check each box that you can certify)

- ☐ has been diagnosed (tested positive) with Covid-19 within the past 14 days,
- ☐ a Covid-19 test pending,
- ☐ been placed under quarantine directed by a healthcare provider due to Covid-19 concerns,
- ☐ had contact with someone diagnosed with Covid-19 within the last 14 days, or
- ☐ had contact with someone who had contact with someone diagnosed with Covid-19 within the last 14 days.

I also accept and acknowledge that: (check each box you accept and acknowledge)

- ☐ East Greenwich Township School District does not accept any liability for persons contracting Covid-19,
- ☐ am responsible to myself, my family, the school district and community at large for protecting myself and others from spreading Covid-19 by always following safety and risk management protocols provided by the Federal and State governments and agencies, the school district and the organization I am involved with if separate from the school district,
- ☐ temperature checks may be required by the school district ahead of each event for everyone present.
- ☐ temperature checks may be conducted by my organization, a designee of the school district or the school district.
- ☐ any temperature over 100.2 degrees Fahrenheit will result in being excused from the activity and required to vacate school premises to seek medical attention.
- ☐ the school district has sanitization protocols designed to ensure the highest degree of safety and protection against the spread of Covid-19 and is doing everything a reasonable person should expect is being done for the purpose.
- ☐ My child, if applicable, and I have been provided the choice not to participate to avoid any possibility of being exposed to Covid-19 today and have chosen to participate being fully aware of the risk.

Parent Signature:

Date:

Parent Name Printed:

Child's Name (if applicable):

Signature of Organization Representative: