



## COVID-19 Acknowledgement of Risk

The following is an acknowledgement of risk for \_\_\_\_\_ to participate in programming at Hope Haven within the role of:

- Participant
- Volunteer
- Volunteer parent/guardian
- Staff member

I am aware of the risks of contracting Covid-19 while participating in face to face programming despite infection control measures taken by Hope Haven. I have considered the following list of factors that may put myself and/or my dependent at a higher risk of contracting Covid-19 and/or experiencing more severe symptoms, and freely accept and fully assume any such risks.

- Underlying respiratory or immune health condition for self or family member
- Difficulty maintaining required physical distancing due to cognitive impairment or need for physical assistance
- Unable or unwilling to comply with wearing a mask
- Frequent touching of face/mouth/nose or drooling

Initial \_\_\_\_\_

I have fully read and agree to follow all policies and procedures as outlined in **Hope Haven's Covid-19 Infection Control Policies** document. I am aware that this document is continuously updated and available on Hope Haven's website.

Initial \_\_\_\_\_

I am signing for myself and/or my dependent under my own free will and hereby release and agree to hold harmless Hope Haven, it's Directors, Officers, employees, representatives and all individuals associated with my participation there from any and all claims or liabilities related to my attendance at Hope Haven.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if <18 yrs) \_\_\_\_\_ Date \_\_\_\_\_