



COVID-19 Assumption of Risk, Release, and Waiver of Liability Agreement

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.

The LULAC Council/Partner has put in place protective measures to reduce the spread of COVID-19; however, the LULAC Council/Partner cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities onsite on behalf of the Latina LEADS program could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and on behalf of myself, my child(ren), my and spouse/co-parent of child(ren) voluntarily assume the risk that my child(ren) and I, and any member of my family, may be exposed to or infected by COVID-19 by attending activities on on behalf of the Latina LEADS program 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 while attending Latina LEADS events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Latina LEADS program staff, agents and representatives, volunteers, program participants and their families and/or any other individual who may be present upon in person activations or in attendance at any Latina LEADS program executions.

I voluntarily agree to assume, on behalf of myself, my child(ren), and my spouse/co-parent of child(ren) all risks and accept sole responsibility for any injury to my child(ren), myself and any member of my family, (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my child(ren) and/or members of my family may experience or incur in connection with my child(ren)'s attendance in activities or participation in Latina LEADS programming ("Claims"). On my behalf, and on behalf of my children and/or members of my family, I will advance no claim and I hereby release, covenant not to sue, discharge, defend, indemnify and hold harmless the LULAC Institute Inc, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Latina LEADS program, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Latina LEADS program activity.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to all parties, we are conducting a simple screening questionnaire with this waiver. Your participation is important to help us take precautionary measures to protect you, your Child(ren) and everyone in the Latina LEADS program.

Name of Participant

Location:

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Date

*Each student participating in the activation must have a completed waiver before entering the event. Each waiver must be completed **ON THE DAY** of the event.*

COVID-19 Symptoms Questionnaire

Each student participating in the activation must have a completed questionnaire by a parent/guardian before entering the event. Each waiver must be completed on the day of the event.

1. Has your child been fully vaccinated against COVID-19?

YES NO

2. Has your child had/have a fever or has your child felt hot or feverish recently (14-21 days)?

YES NO

3. Is your child having shortness of breath or other difficulties breathing?

YES NO

4. Does your child have a cough?

YES NO

5. Does your child have any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?

YES NO

6. Has your child experienced a recent loss of taste or smell?

YES NO

7. Has your child come in contact with any confirmed COVID-19 positive patients?

YES NO

8. Has your child traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)

YES NO

9. Does your child have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?

YES NO

10. If my Child(ren) develop(s) any of the above symptoms I will keep them home, notify the Latina LEADS Program Coordinator and seek medical care to obtain a physician's note stating it is safe to return to participation.

YES NO

***** If the answer is "yes" to questions 2- 7, access to Latina activity will be denied until a physician's note is delivered to the Latina LEADS Program Coordinator.***

Name of Participant

Location:

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Date