



Jackson Hole Children's Museum COVID-19 Questionnaire and Waiver Agreement

Parent/Guardian: _____

Child(ren): _____

Date: _____

The parent or guardian named above has asked for their child or children named above to participate in program activities provided by Jackson Hole Children's Museum ("JHCM"). Due to the COVID-19 pandemic, JHCM requires every parent or guardian to sign this waiver form as a condition of children participating in JHCM services.

COVID-19 has been declared a worldwide pandemic. It is extremely contagious and is believed to spread mainly by close contact from person-to-person through respiratory droplets when an infected person coughs sneezes or talks. COVID-19 can be spread by people who are not showing any symptoms of the disease. Until very recently, state and county governments have prohibited gatherings of groups of people. Now, those government orders have been relaxed and JHCM can resume providing services to children. JHCM has put in place preventative measures to reduce the spread of COVID-19. **However, JHCM cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, receiving services from JHCM or at one of our centers could increase your risk and your child(ren)'s risk of contracting COVID-19.**

There are two parts to this Questionnaire and Waiver Agreement. The first part consists of questions about the health of your child(ren) and household members. JHCM will use this information to determine whether your child(ren) is able to attend JHCM programs. The second part is a waiver agreement, which you should read very carefully. The purpose of the waiver agreement is in part to obtain your agreement to waive any claim you may have if you or your child(ren) are diagnosed with COVID-19 and you believe you or your child(ren) were infected through JHCM services.

We appreciate your cooperation and ask that you asses these questions and with your child's health weekly before attending JHCM programming. If during the course of the program, you ever answer yes to any of these questions, please contact JHCM before attending.

Part A: COVID-19 Questionnaire; PLEASE CIRCLE YES or NO

1. Have you, your child(ren) or any members of your household come into close contact (within 6 feet or less) with someone who has been tested or received a confirmed COVID-19 diagnosis in the past 14 days?
Y or N (circle one)
2. Have you, your child(ren) or any members of your household recently experienced a fever, chills or symptoms of lower respiratory illness such as cough, shortness of breath, difficulty breathing; nausea, vomiting or diarrhea; and/or new loss of taste or smell?
Y or N (circle one, and circle the applicable symptom above)
3. Have you, your child(ren) or any members of your household come in contact in the last 14 days with anyone not a part of your household who has had any of the symptoms listed in question 2 above?
Y or N (circle one)

Part B: Waiver Agreement

PLEASE REVIEW AND INITIAL THE FOLLOWING:

1. I agree to follow all JHCM procedures to protecting the health of all JHCM staff & participants. **INITIALS:** _____
2. I agree that if I become aware of any circumstances that change the answer to any question in Part A above, I will immediately notify JHCM. **INITIALS:** _____
3. I understand the risks from exposure of my child(ren) and family to COVID-19 (which include but are not limited to illness, hospitalization, permanent disability, potential death, and other irreparable physical harm).
INITIALS: _____
4. I understand that participating in services provided by JHCM may increase the risk that I or my child(ren) will be exposed to or contract COVID-19. **INITIALS:** _____

BY SIGNING THIS AGREEMENT BELOW, I ALSO AGREE TO THE FOLLOWING:

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by receiving services from JHCM 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 JHCM may result from the actions, omissions, or negligence of myself and others, including, but not limited to, JHCM employees, participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (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 JHCM or participation in JHCM services. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless JHCM, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating the risks explained in this release, including the risk of contracting COVID-19. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of JHCM, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any JHCM service.

Photographic Release. Participant does hereby grant and convey unto Museum all right, title, and interest in any and all photographic images, video and/or audio recordings made by Museum during the Participant's activities with Museum, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I further grant to the Museum and its representatives the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of these images and recordings in any media now known or later developed as well as my/their name for promoting, publicizing or explaining the Museum and its activities and for administrative or educational purposes.

I UNDERSTAND THIS DOCUMENT, AND I VOLUNTARILY AGREE TO AND SIGN THIS WAIVER AGREEMENT FOR MYSELF AND AS PARENT/GUARDIAN OF THE CHILD(REN) NAMED BELOW:

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Name(s) of Child(ren) Attending JHCM