

Green Apron Kitchen

Coronavirus (COVID19) Assumption of Risk & Liability Waiver

Please read the waiver below carefully, initial and sign in the designated area.

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, provincial, and local governments and local health agencies recommend social distancing and have, in many locations, prohibited the congregation of large Groups of people . Green Apron Kitchen has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19. However we can guarantee that all staff members have tested negative and the studio has undergone thorough and extensive cleaning and disinfecting daily since March 23, as we have always done.

By checking the boxes and signing this agreement, you acknowledge the contagious nature of COVID-19 and have not knowingly withheld any medical information about you or your child's testing status.

____ I understand that the risk of becoming exposed to or infected by COVID-19 at Green Apron Kitchen may result from the actions, omissions, or negligence of myself and others, including, but not limited to, GAK employees, program participants and their families.

____ On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Green Apron Kitchen, 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 regarding any health issues and COVID19 before, during or after participation in any Green Apron Kitchen programs.

____ I, my child and anyone in our immediate family is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

____ I, my child or anyone in our immediate family has not traveled internationally within the last 14 days.

____ I, my child or anyone in our immediate family have not traveled to a highly impacted area within the United States of America in the last 14 days.

____ I do not believe I, my child or anyone in my immediate family have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

____ I , my child or anyone in my immediate family have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

____ I, my child and everyone in my immediate family are following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

____ Should I , my child or anyone in my immediate family experience any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills repeating shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell - I will self-quarantine and advise Green Apron Kitchen.

____ Should I, my child or anyone in my immediate family test positive for COVID-19, I will self-quarantine and report information to Green Apron Kitchen. immediately.

____ Should I, my child or anyone in my immediate family come in close contact with a person with COVID-19, whether symptomatic or not, I will self quarantine and report to Green Apron Kitchen.

Name

_____ Date _____

Signature

_____ Date _____

Name of Child, Birthday of Child

_____ -
