

Central Oregon Aerial Arts Safety Waiver

I agree that myself or myself or my child _____

_____ (initial please) I /my child has not had any of the following new symptoms within the last 14 days:

- Fever without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).
- Shortness of breath (not severe)
- Cough
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

_____ (initial please) No one in our household has been ill in the past 14 days.

_____ (initial please) I have not been around anyone with the above symptoms or with Covid-19 in the past 14 days.

I understand that my child/myself enters COAA at my/our own risk every time we enter the building. I release COAA from any liability for any illness that may be contracted on the premises or at any COAA event today, or any day in the future.

I understand that my child may be screened each time they enter the building and they may be asked to refrain from entering if the answers to the above questions change at any time. I understand they will be asked to leave should they display any symptoms above.

I agree to contact COAA immediately if anyone in the household becomes sick within 14 days of their last visit to COAA.

This agreement remains in effect until further notice.

X _____
PRINT FIRST/LAST NAME

DATE

X _____

SIGNATURE