

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

Dear Member/Participant:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We will attempt to put in place reasonable measures to reduce the spread of COVID-19, but we cannot guarantee that you nor family members, will not become infected or suffer any effects caused by it.

By participating in programs, services, and activities of **Texas Louisiana Youth Ministries**, which is a part of the **Texas Louisiana Hispanic District**, you agree to the following:

On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless **Texas Louisiana Youth Ministries** and **Texas Louisiana Hispanic District**, and its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any such program, service or activity.

Member/Participant Signature: _____

Printed Name: _____

Date: _____

COVID-19 SCREENING QUESTIONNAIRE

Q1. Do you have any of the following symptoms?

- Fever (100.0 F / 37.8 C or greater)?
 - Cough (persistent/out of the ordinary)?
 - Shortness of Breath/Difficulty Breathing”?
 - Sore Throat?
 - New loss of taste or smell?
 - Chills?
 - Head or muscle aches?
 - Nausea, diarrhea, vomiting?
 - Fatigue?
 - Nasal Congestion?
- _____ Yes _____ No

Q2. In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?

_____ Yes _____ No

Q3. Have you been tested for COVID-19 and you are waiting to receive test results?

_____ Yes _____ No

Q4. Have you tested positive for COVID-19 in the past 14 days?

_____ Yes _____ No

Q5. In the past 14 days, have you traveled outside of the United States?

_____ Yes _____ No

Q6. In the past 14 days, have you traveled to any of the states requiring quarantine? <https://coronavirus.health.ny.gov/COVID-19-travel-advisory>

_____ Yes _____ No

Member/Participant Signature: _____

Printed Name: _____

Date: _____