



## CCNS Summer Camp Waiver

1. I, \_\_\_\_\_ (adult's full name), hereby certify that I am over 18 years of age, I am the parent and/or legal guardian of \_\_\_\_\_ (child's full name, my "Child"). I give permission for my Child to attend the Community Cooperative Nursery School, Inc. ("CCNS") program and participate in all activities as determined and permitted by CCNS.
2. I acknowledge that there are risks associated with participating in the program, including but not limited to the risk of contracting the COVID-19 virus. I acknowledge that the risk of contracting the COVID-19 virus is greater in a group setting than in an isolated home environment.
3. I acknowledge that CCNS has provided me with the current guidance from the State of Connecticut and the CDC about protecting oneself and others from COVID-19, and that I am responsible for following this guidance and taking all reasonable measures to mitigate the risk that my Child may be exposed to the virus or transmit it to others during the time period of and/or while participating in the CCNS program.
4. I acknowledge that I have received the CCNS COVID-19 Public Health Emergency Operating Policies and Procedures Addendum to Family Handbook: Summer Camp Edition (the "Addendum"). I accept the management and control measures taken by CCNS in accordance with relevant regulations and the Addendum to reduce the spread of COVID 19.
5. I acknowledge and agree that by enrolling my Child in CCNS' program I assume the risk that my Child or I may contract the COVID-19 virus, despite CCNS' mitigation efforts.
6. I forever release, discharge, waive, and covenant not to sue CCNS, its officers, agents, directors, employees, and volunteers (the "Releasees") for any liability, claim, damage, or loss of any nature, sustained by my Child and/or me, arising out of or relating to my Child's participation in the CCNS program, including but not limited to COVID-19.
7. I expressly agree to indemnify and hold harmless the Releasees from and against any liability, claim, damage, or loss of any nature alleged to arise out of or relating to my Child's participation in the CCNS program, including but not limited to COVID-19.

8. I certify that I have read, understand, and agree to the provisions listed herein.

Parent/Guardian

Signature\_\_\_\_\_ Date\_\_\_\_\_