

9/3/2020

## Columbus Recreation and Parks Department Participation Information and Waiver Form

IMPORTANT: Bring this completed form with you the first day of participation in the program so we have a copy on file.

### COVID Information and What to expect each visit.

- Each participant must complete and turn in this CRPD Participant Information and Waiver Form
- Face Coverings required (covering both mouth and nose) Bring your own, we have a few if you forget
- Social Distancing (of at least 6 ft.)
- Smaller class sizes
- Check-in station at building entrance, with temperature checks and health screening questionnaire.
- Hand sanitization stations
- Building access restricted to only class participants
  - The only exception is for PK (age 3-5) classes – One parent or guardian stays with the child, no other siblings allowed.
- Personal items limited to only what is essential for your class
- No direct drinking from water fountain permitted, but you may bring a water bottle from home & fill up at the fountain
- When the class you are registered for is finished, you must exit the building. No hanging out in the building

### Due to the COVID-19 Pandemic, Only registered participants will be allowed in the center.

- Parents are to remain outside or can return later to pick up child. Please stay long enough to ensure that your child is approved to enter the building. Pick-Up - Please arrive by end of class time.
- Please make sure to keep your phone number on file updated, as this is the phone number we use to contact families.

### Before coming to the center: If you are experiencing any of the symptoms or situations below, stay home.

- \* Fever, or a temperature of 100.4 \* or higher
  - \* Flu-like body aches
  - \* Headache
  - \* Cough, developed or developing cough
  - \* Chills with shaking
  - \* Sore Throat
  - \* Shortness of Breath or difficulty breathing
  - \* Fatigue
  - \* Nausea or Vomiting
  - \* Runny Nose or Congestion
  - \* Loss of taste or smell
  - \* Diarrhea
- \* If anyone in your household is currently being tested for COVID or have tested positive within the last 14 days.  
\* If you have returned less than 14 days ago from a state on the current travel restriction list.

### PARTICIPANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Circle One: M F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### EMERGENCY CONTACT(S) INFORMATION

1. \_\_\_\_\_

2. \_\_\_\_\_  
Name Relationship to Participant Phone #

### BELOW: MUST BE COMPLETED FOR ANYONE UNDER 18 OR STUDENTS

If a student, Current Grade: \_\_\_\_\_ Home School or Name of School: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

To assist in ensuring proper staffing and safety, please identify and **circle any** medical or disabling conditions **that apply**.

Activity Restrictions   Allergies   Asthma   Attention Deficit Disorder Autism   Hearing Impaired  
Learning Disabilities   Seizures   Visually Impaired   **Diabetes**   **Existing Heart Conditions**

Other Medical Conditions or Recent Surgeries that would benefit Medical Personnel if necessary in an emergency.

**\* List any medicine** you take on a regular basis (include dosage): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**PUBLIC RELATIONS:** Please initial **one** of the following:

I authorize the City of Columbus to use my (or my child’s) photograph/video for public relations purposes. \_\_\_\_\_

I **do not** authorize the City of Columbus to use my (or my child’s) photograph/video for public relations purposes. \_\_\_\_\_

**COVID/Participation Release**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, or my child(ren) may be exposed to, or infected by, COVID-19 by attending City of Columbus Recreation and Parks programs, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to, or infected by, COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Columbus employees, agents, representatives, volunteers and program participants and their families.

**Furthermore, by signing this agreement,** I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any and all injury to myself or my child(ren) including, but not limited to, personal injury, disability, and/or death, illness, damage, loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with mine or my child(ren)’s attendance at **or participation in**, City of Columbus Recreation and Parks programs. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless **all** City of Columbus employees, agents and representatives, volunteers and program participants and their families from **any** claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto.

**Emergency Medical Treatment Release**

I authorize my, or my child(ren) to participate in all activities offered during this program. If attempts to contact me or my emergency contacts at the listed phone numbers are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for me or my child anywhere/anytime should it be deemed advisable by a qualified medical doctor or dentist, and the transportation of me or my child to the nearest hospital reasonably accessible. I understand this is to avoid undue delay and to assure prompt attention/treatment in an emergency. I hereby give permission to the City/CRPD to provide routine first aid care, administer prescribed medications in a life or death situation, and seek emergency medical treatment for me or my child when deemed necessary. In case of accident or injury I will not hold the City of Columbus or its employees, agents and representatives, volunteers, program participants or their families, responsible. I understand and assume all risks that may occur during my or my child’s participation in these programs. I understand that should any injury occur to me or my child, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

By signing below, I hereby acknowledge and agree to the COVID/Participation Release and the Emergency Medical Treatment Release.

\_\_\_\_\_  
**Signature** (Adult sign for self, Parent/Guardian sign for child under 18)

\_\_\_\_\_  
**Date**