



Carrollton Early Childhood PTA, CECPTA
COVID-19 Activity Participation
Consent Agreement for Parents & Children

By participating in organized CECPTA activities, you are acknowledging that an inherent risk of exposure to COVID-19 exists in any public place where people are present. By participating in organized CECPTA events, you and any guests voluntarily assume all risks related to exposure to COVID-19 and agree not to hold CECPTA, its officers or members liable for any illness or injury. Please initial the line next each item #1-8, sign the signature page and include information for all participating children.

1. _____ I understand and agree to follow CECPTA's sanitation guidelines in order to prevent the spread of COVID-19 viruses and to help protect others. I understand that my child(ren) will be required to wash their hands and sanitize before participating in snack time.
2. _____ I confirm that neither I or any of my children are presenting OR currently having any of the following symptoms of COVID-19 virus listed below:
 - Fever
 - Shortness of Breath
 - Loss of Sense of Taste or Smell
 - Dry Cough
 - Runny Nose
 - Sore Throat
3. _____ I understand that air travel significantly increases my risks of contracting and transmitting the COVID-19 viruses. I verify that **within the last 14 days**, I have not traveled outside the United States to countries that have been affected by the COVID-19 viruses or traveled domestically within the United States by Commercial Airline, Bus or Train.
4. _____ I understand that the CDC, OSHA, along with state and government agencies are recommending Social Distancing of at least 6 feet and wearing face coverings.
5. _____ I will immediately notify CECPTA if I become aware of any person with whom my child or I have had contact that exhibits any of the symptoms listed in #2 AND is advised to self-quarantine or is presumed positive for COVID-19, including my family and myself.
6. _____ I understand that in the event of a positive COVID-19 case among CECPTA members participating in a live event or the Infinite Bounds facility, CECPTA will immediately contact the Denton County Health Department and will also notify the members who have a likelihood of being infected.
7. _____ I understand that while in the facility, my child will be in contact with children, families and other caretakers who are also at risk of community exposure. **I understand that no list of restriction guidelines or practices will remove 100% of the risk of exposure to COVID-19** as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following practices outlined.

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Signature Page:

I, _____, certify that I have read, understand and agree to
(print parent name here)

comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein or with any other policy or procedure outlined by the Carrollton Early Childhood PTA will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions, or lack of action, unnecessarily exposes another caregiver, child or their family member to COVID- 19.

Parent Signature

Date

Include the names and birthdates of each participating child below:

Child #1

Birth Date

Child #2

Birth Date

Child #3

Birth Date

Child #4

Birth Date

8. _____ I understand that I will be required to update CECPTA upon the attendance of each additional organized live event, an update on the items listed herein as #1-7. The update may require me to fill out the entire waiver again or sign another document as provided by CECPTA.

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