



Program Guidelines & Waiver

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The Institute has resumed programming in accordance with established safety protocols. Participants and attendees must read and agree to the guidelines in place.

Guidelines for Institute programs:

- Participants will sign in at the beginning of each program acknowledging and agreeing to abide by these guidelines. (Name/contact info are requested for contact tracing should that be required at any future time.)
- Participants must observe distancing of 6 ft. while walking, gathering, and whenever possible during the program.
- Face masks are **mandatory**, even outdoors, until further notice.
- No sharing of program materials or other items with those outside your family/household.
- Please stay home if you are ill, or have been in contact with known or suspected cases of COVID-19 in the past 14 days.
- Leaders have the authority to end the program if participants fail to follow guidelines.

----- Please fill out the form below and give it to program instructor. -----

I agree to attend programs only if I/my family are symptom free. I agree to notify The Institute if I, my child or anyone in my household or contact circle tests positive for COVID-19 so that The Institute can take necessary mandated steps. The Institute agrees to keep your identity confidential.

The Institute has established these Pandemic Safety Protocols in order to keep participants, volunteers and employees safe. *The program participation guidelines have been provided to me and I agree to abide by them. I understand it is my responsibility to follow these guidelines, and that The Institute cannot guarantee that I will not contract COVID-19. I will not hold The Institute, Washington Township, its employees, directors or volunteers responsible for any illness or injury arising out of my participation in this activity. By signing below, I certify and acknowledge that I have read and understand the guidelines listed above.*

Printed Name(s) of Participating Adult(s): _____

Participating Child/Children and their age(s): _____

Address: _____

Phone(s): _____

Email Address: _____

Emergency Contact (name & phone): _____

Any food allergies or dietary restrictions? _____
(Please specify child or adult's name associated with allergy.)

Any other allergies, including bee stings? _____
(Please specify child or adult's name associated with allergy.)

Please list any medical or other information of which we should be aware, and the name(s) of those it concerns:

EMERGENCY MEDICAL TREATMENT (must be completed for participation)

In the case of a medical emergency, I give the staff of The Institute permission to provide treatment for myself and/or my children, until professional assistance is available. I am the parent/guardian of: _____

(Please list all children)

PERMISSION TO PHOTOGRAPH:

I give my permission for myself and/or my child/children, _____ to be photographed or video recorded by a representative of The Institute. I understand that the images may be used for the purpose of illustrations, promotion or publication (either in print or internet media).

No photos, please.

Adult signature(s) for self and/or as parent/guardian

Date

Printed name(s): _____