



Weekday Ministries COVID Consent & Release Form Summer 2021

Please complete the following in order to participate in any activity at Weekday Ministries.

In consideration of being allowed to participate in Weekday Ministries events, school and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular protocols and personal discipline may reduce or mitigate this risk, the risk of serious illness and death does exist.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.

3. I agree that I am responsible for screening my student daily to ensure they are healthy before sending them to any summer event or activity. I agree that if my student exhibits one or more of the following symptoms, or additional symptoms as listed by the Center for Disease Control and Prevention, my student cannot attend summer events or participate in summer activities:

- A fever of 100.4° F or greater
- Shortness of breath or difficulty breathing
- Headache
- New loss of taste or smell
- Nausea or vomiting
- Cough
- Repeated shaking with chills
- Sore throat
- Congestion or runny nose
- Chills
- Muscle pain
- Rash
- Diarrhea

4. I willingly agree to comply with the stated and customary terms and conditions for participation with regard to protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Weekday Ministries their board, officers, officials, agents, and/or employees, other participants, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child understands and accepts these risks and responsibilities. I for myself, my spouse, and child do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of child(ren): _____

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

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