



**BMORE Beautiful: Say YES
Youth COVID 19
Wavier, Release, and Assumption of Risk**

On behalf of myself, my household members, and my minor child _____
I hereby give permission for my child to participate in BMore Beautiful Say YES! program. My child and I are familiar with and knowingly and voluntarily accept any and all risk associated with participation with this program. I acknowledge that my child's participation is wholly voluntary and is not required.

I specifically assume all risks and hazards associated with my child's participation in the program including but not limited to the risks associated with the novel COVID-19 virus. I understand my child will be associated with staff and other children and this may heighten my child's risk with contracting COVID-19. Although the participants will follow strict social distancing guidelines and will be provided with PPE including but not limited to masks, gloves, safety vest, and trash grabbers, I understand that these precautions do not eliminate the risk associated with contracting and spreading the virus. I understand and voluntarily assume the risk that my child may contract COVID-19 and that COVID-19 may subsequently be transmitted from my child to me, my family and other members of my household.

I certify that my child is in good health, has no fever, and no current issues that make it unsafe for my child to participate in the SAY YES! program. I will not send my child to participate if my child develops a

- Fever
- Chills
- Cough
- Shortness of breath
- Muscle/body aches
- Headache
- Loss of taste/smell
- Sore throat
- Congestion/runny nose,
- Nausea/vomiting/diarrhea
- Test positive for COVID-19.

If my child has come in close contact with someone who has tested positive for COVID19 during the enrolled session OR if he/she is the household with a person currently isolating/quarantining because of exposure, I will not send my youth to participate in Say YES! related activities. I will notify the coordinator



as soon as possible. I understand that in the event of a medical emergency, 911 will be called and I will be responsible for any and all costs of medical treatment.

To the fullest extent permitted by law, I hereby agree to waive any and all claims and causes of action, damages, and rights of any kind and release and forever discharge the City of Baltimore, the granted organization and all of their related parties including the representative and volunteers supervising my child.

Parent Name (Printed): _____

Parent Signature: _____

Date: _____