



Disability as an Ability Toward Success: Moms on the Move (D.A.T.S.M.O.M.) COVID-19, FLU and RSV In-Person Services, Programs, Trainings, Activities, etc.

COVID-19 (i.e., novel coronavirus) is primarily spread from person to person. COVID-19 spreads rapidly and can live in the air for over three hours and on some surfaces for up to three days (van Doremalen et al., 2020). A recent analysis indicates that approximately 80% of people infected with COVID-19 are asymptomatic or have mild symptoms and can spread the virus even when they are asymptomatic or have mild symptoms, however; some people who are infected with COVID-19 develop severe illness (e.g. stroke; Oxley, 2020) that could potentially be fatal.

Disability as an Ability Toward Success: Moms on the Move (D.A.T.S.M.O.M.) service delivery, in-person services and activities often involve physical contact or close proximity between two or more people. This close contact places Disability as an Ability Toward Success: Moms on the Move (D.A.T.S.M.O.M.), Disability as an Ability Toward Success: Moms on the Move (D.A.T.S.M.O.M.) clients, and the community within which both groups travel at an increased risk of contracting COVID-19, FLU and RSV. There may be individuals who are unaware they have the illness and may be unaware they are spreading the disease to others, including clients and their families.

Please be advised that participating in-person service delivery during a COVID-19, FLU and RSV outbreak carries a significant risk of severe harm to the client, their family and caregivers, the staff, volunteers, interns, etc. By signing this waiver, you are aware of these risks and are choosing to participate at your own risk. You release liability and will not hold Disability as an Ability Toward Success: Moms on the Move (D.A.T.S.M.O.M.) responsible for an injury, harm or death related to participating in Disability as an Ability Toward Success: Moms on the Move (D.A.T.S.M.O.M.) services or activities. You agree to risk mitigation and will comply to all federal, state and local guidelines for social distancing, mask wearing the Centers for Disease Control guidelines (e.g., increased hand-washing, covering coughs and sneezes, disinfecting surfaces, etc.).

(Portions of the above paragraphs were adapted from the Centers for Disease Control and Prevention's website on COVID-19)

THIS AGREEMENT EXPRESSLY RELEASES Disability as an Ability Toward Success: Moms on the Move (D.A.T.S.M.O.M.) AND ITS REPRESENTATIVES AND EASTDALE BAPTIST CHURCH AND ITS REPRESENTATIVES FROM ALL LIABILITY RELATING TO IN PERSON SERVICES AND EXPOSURE TO COVID-19. BY SIGNING THIS AGREEMENT, I AGREE TO HOLD Disability as an Ability Toward Success: Moms on the Move (D.A.T.S.M.O.M.) AND ITS REPRESENTATIVES AND EASTDALE BAPTIST CHURCH AND ITS REPRESENTATIVES HARMLESS FOR ANY EXPOSURE OR DAMAGES CAUSED BY RESPITE CARE SERVICES RENDERED TO MY CHILD(REN) AND MY FAMILY. I ALSO ACKNOWLEDGE THE RISKS INVOLVED IN THESE INCLUDE AN INCREASED EXPOSURE TO COVID-19, FLU AND RSV. I SWEAR THAT I AM PARTICIPATING IN Disability as an Ability Toward Success: Moms on the Move (D.A.T.S.M.O.M.) IN PERSON SERVICES VOLUNTARILY AND THAT ALL RISKS HAVE BEEN MADE CLEAR TO ME.

BY SIGNING THIS I FORFEIT ALL RIGHTS TO BRING SUIT AGAINST Disability as an Ability Toward Success: Moms on the Move (D.A.T.S.M.O.M.) and Eastdale Baptist Church FOR ANY REASON DUE TO EXPOSURE TO COVID-19. IN RETURN I WILL ALSO MAKE EVERY EFFORT TO OBEY SAFETY PRECAUTIONS AS EXPLAINED TO ME BOTH IN WRITING AND VERBALLY.

I AM SIGNING THIS WAIVER ON BEHALF OF MYSELF AND MY CHILD(REN).

Please sign and return this form if you agree to above outlined in this waiver of liability.

Signature: _____ **Date:** _____

Printed Name: _____

Printed Name of Child under the age of 18 _____

Printed Name: _____

Printed Name of Child under the age of 18 _____

Printed Name: _____

Printed Name of Child under the age of 18 _____

Printed Name: _____

Printed Name of Child under the age of 18 _____