

# **COVID-19 Policy for Windy Gap EPC Youth Group**

## **I. Waiver**

All participating households must sign Windy Gap's COVID-19 Waiver once per year and answer the screening questions prior to participation in each event.

## **II. Illness**

If anyone who lives in your household is showing or has shown symptoms of illness within the past 72 hours, the entire household will stay home.

- a. Symptoms of illness include a persistent cough, cloudy or runny nose, fever (defined as 100.0 or higher), chills, muscle pain, shortness of breath or difficulty breathing, sore throat, sudden loss of taste or smell, nausea, vomiting, or diarrhea.
- b. Mild symptoms that are known to be from a non-contagious condition (such as asthma, allergies, or motion sickness), do not apply.
- c. Please do not bring potentially exposed, but not yet sick children, to Youth Group or other events.
- d. Windy Gap reserves the right to deny participation if a child's health is questionable.

Anyone who develops symptoms of illness while at a Windy Gap event, will be isolated from other participants and sent home immediately, along with their siblings and other household members. Please ensure the contact information provided on the registration form is accurate.

## **III. COVID exposure**

Please stay home if:

- a. anyone in your household has been exposed to COVID-19 within the past 14 days
- b. anyone in your household has travelled to a state with a high amount of COVID-19 cases within the past 14 days (For a current list of high-risk states visit:  
<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx>)

Please notify Pastor Joe immediately if:

- a. If any person in your household tests positive for COVID-19 within 14 days after attending Youth Group/an event, OR
- b. If it is discovered that any person in your household was exposed to COVID-19 within 14 days prior to attending Youth Group/an event

Your identity will be kept confidential, but participants will be informed of their potential exposure at the event.

## **IV. Sanitation**

All participants will be required to participate in frequent hand washing and sanitizing, and will cover coughs and sneezes properly.

Windy Gap is also committed to best sanitary practices, including but not limited to: frequent sanitizing of rooms, furniture, toys, supplies, equipment, etc., limiting close personal interactions, and the use of individual, pre-packaged craft and activity materials.

**WAIVER FOR COMMUNICABLE DISEASES  
INCLUDING COVID-19**

Assumption of Risk/Waiver of Liability/Indemnification Agreement

In consideration of being allowed to participate Windy Gap Evangelical Presbyterian Church (Windy Gap EPC) youth- related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious disease, including but not limited to MRSA, influenza, COVID-19, and a myriad of other communicable diseases.
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/my minor child(ren)'s participation; and,
3. I certify that I have received and willingly agree to comply with the stated and customary terms and conditions for participation as outlined in the COVID 19 Policy, provided by Windy GAP EPC regarding protection against infectious diseases.
4. I, for myself and on behalf on my child(ren), wards, heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, SAVE and HOLD HARMLESS Windy Gap EPC, their officers, officials, agents, volunteers, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the events ("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 freely and voluntarily without any undue influence or inducement, on behalf of myself and the minor children listed, below.*

Minor (under 18 years of age) Children's Names: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Primary Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
2<sup>nd</sup> Parent/Guardian Signature, if applicable

\_\_\_\_\_  
Date

