

CHILDRENS MUSEUM OF SOUTHEASTERN CONNECTICUT

Waiver of Liability Relating to Coronavirus/COVID-19

COVID-19 is an extremely contagious worldwide pandemic. The exact methods of spread and contraction are not fully known. There is currently no known treatment, cure, or vaccine.

The CHILDRENS MUSEUM OF SOUTHEASTERN CONNECTICUT (“**Museum**”) is taking extra precautions with enhanced sanitation/disinfection procedures in accordance with the Centers for Disease Control. However, the Museum cannot prevent you or those children for whom you are signing this Waiver (collectively referred to as “**You**”) from becoming exposed to, contracting, or spreading COVID-19 while visiting the Museum. If You choose to visit the Museum, You may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

YOUR HEALTH: Symptoms of COVID-19 include fever, fatigue, a dry cough, difficulty breathing. By signing this Waiver, you understand these symptoms and affirm that:

- You do not currently have any of these symptoms, and You have not had any of these symptoms in the past fourteen (14) days
- You have not knowingly been exposed to anyone diagnosed with COVID-19 or having these symptoms within the last fourteen (14) days
- If you are not the parent or legal guardian of the children for whom you are signing this Waiver, you have discussed the terms of this Waiver with them and have been given the authority to sign on their behalf.

ASSUMPTION OF RISK: You have read and understood the above warning concerning COVID-19. You hereby choose to accept the risk of contracting COVID-19.

WAIVER OF LIABILITY: You hereby forever release and waive your right to bring suit against the Museum, its officers, trustees, employees or other representatives in connection with exposure, infection, and/or spread of COVID-19. You understand that this waiver means that You give up your right to bring any claims for personal injuries, death, disease, property or any other loss, including but not limited to claims of negligence, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: You understand and agree that the law of the State of Connecticut will apply to this Waiver.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS WAIVER, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE. I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR(S) NAMED BELOW, OR HAVE SPECIFIC AUTHORITY FROM THE PARENT OR LEGAL GUARDIAN TO SIGN THIS WAIVER ON THEIR BEHALF:

Signature: _____

Date: _____

Name (printed): _____

Names of minors covered by this Waiver: _____



I, _____,
PLEASE PRINT NAME

do hereby attest that nobody in my party is exhibiting any of the following COVID-19 symptoms.

- ▶ a fever greater than 100.3°F
- ▶ a cough
- ▶ shortness of breath
- ▶ chills
- ▶ repeated shaking with chills
- ▶ muscle pain
- ▶ headache
- ▶ sore throat
- ▶ new loss of taste or smell

Signature

Date

Phone Number *For contact tracing use only.*

Email *For contact tracing use only.*