

Eco-Discovery Programs COVID-19 Safety Precautions and Procedures

- **Your child may not attend any program if they are exhibiting the following symptoms per CDC guidelines: temperature over 100 degrees F or higher, upset stomach, vomiting or diarrhea in the previous 48 hours, cough, fatigue, muscle aches, new loss of taste or sense of smell, headache, sore throat, or runny nose.**
- **Your child may not attend program if anyone in the household has been diagnosed with COVID-19 in the previous 10 days or if your child has had a known exposure in the previous 10 days.**
- **Staff and children will maintain a distance of 6 ft from one another to the greatest extent practicable, exempting safety-related circumstances.**
- **Face masks covering both the nose and mouth are optional. This policy may change.**
- **Protocols for intensified cleaning and disinfection will be implemented.**

Tables and other surfaces, and items such as craft supplies and scientific equipment will be cleaned with a disinfectant before and after each use.

Regular hand washing by staff and children with soap and water (or alcohol-based hand sanitizer) will be done:

- Before any necessary contact with another person;
- Before and after eating;
- After sneezing, coughing or nose blowing;
- After using the rest room;
- After touching or cleaning surfaces that may be contaminated; and
- After using any shared equipment such as arts and crafts supplies or scientific equipment.

By signing below, I hereby acknowledge that I have completely read and fully understand Great Hollow Eco-Discovery Programs safety precautions and procedures.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name (printed): _____

Child(ren) Name(s) (printed): _____

Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The virus is spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even in the air. People can be infected and show no symptoms and therefore spread the disease. There is no known cure for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

Great Hollow Management Inc. (DBA Great Hollow Nature Preserve and Ecological Research Center), hereafter "Great Hollow," cannot prevent you [or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while utilizing its services or premises at 225 State Route 37, New Fairfield, CT, 06812. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize Great Hollow's services and/or enter onto Great Hollow's premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize Great Hollow's services and enter Great Hollow's premises. These services are of such value to me [and/or to my children,] that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Great Hollow's services and premises in person.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Great Hollow Management Inc. and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Great Hollow's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

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

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____

Date: _____

Name (printed): _____

I am the parent or legal guardian of the minor named below. I have the legal right to consent to and, by signing above, I hereby do consent to the terms and conditions of this Release.

Child(ren) Name(s) (printed): _____

Parent/guardian Signature: _____

Date: _____