**ACKNOWLEDGEMENT OF HEALTH & WAIVER OF LIABILITY**

**This form is for use with Staff and Families**

Activity: Working in or obtaining care in INSERT CHIL CARE FACILITY NAME HERE.



*Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document.*

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| *Sign and return this form to:* |  |

*(IINSERT center or contact name here.)*

The state of Wisconsin under the authority of Wis. Stat. § 252.02(3) and (6) and through Executive Order #72, has ordered a “Safer at Home” policy. It is required that all non-essential business and travel stop. As related to childcare, facilities will prioritize care for Tier 1: employees, contractors, and other support staff working in health care; Tier 2: employees, contractors, and other staff in vital areas including but not limited to military; long term care; residential care; pharmacies; child care; child welfare; government operations; public safety and critical infrastructure such as sanitation, transportation, utilities, telecommunications; grocery and food services; supply chain operations; and other sectors as determined by the Secretary of the Department of Children and Families.

In response to COVID-19 the Centers for Disease Control and Prevention (CDC) warns that older adults and those who have or have members in their household with compromised immune systems, respiratory problems, hypertension, diabetes, heart problems, chronic kidney disease, or cancer are at greater risk for more serious complications associated with COVID-19. Our program INSERT NAME HERE, has implemented additional health and safety practices and will follow the current recommendations set forth by the CDC, WHO, and the state of WI as is possible given this childcare setting. By signing this form, I understand the risk of working in this childcare facility during the COVID-19 pandemic; and/or I understand and accept the risk of dropping my child off for care in this facility during the COVID-19 pandemic.

Additionally, I understand that if **anyone** in my household is showing signs of illness; cold, flu, COVID-19, or any other illness I can not work in this childcare facility or drop my child off for care until said member has been symptom free for 72 hours.

**In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.**

Participant Signature: Date:

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**REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:**

**PARENT OR GUARDIAN’S AUTHORIZATION AND CONSENT TO AGREEMENT**

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the CENTER NAME from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature: Date: