

## **Assumption of Risk and Waiver of Liability regarding COVID-19**

I agree that I am personally responsible for the safety of myself and my children while participating in PALS activities, including, but not limited to, exposure to SARS-CoV-2, the virus that causes COVID-19.

I recognize that any in-person contact carries a risk of exposure to pathogens, including SARS-CoV-2.

I understand that PALS does not require COVID-19 (or other) vaccinations or proof of negative COVID-19 status for participants.

I agree that my family will wear masks when required by PALS (when [Allegheny County transmission rates are substantial or high](#)).

I agree that if anyone in my household shows symptoms consistent with COVID-19, my family will isolate in accordance with [CDC guidelines](#).

I agree to screen my family for COVID-19 every week before attending PALS in person using the provided questionnaire and all current CDC guidelines and I further agree that my family will not attend if the results of the screening indicate that we should not.

I agree that, if I learn that a member of my household has been exposed to someone with a COVID-19 diagnosis, my family will follow the CDC quarantining guidelines in effect at the time, which can be found at <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>.

In case of any absence, I will let the Jobs Coordinator know immediately by emailing [jobs@palsenrichment.org](mailto:jobs@palsenrichment.org).

I understand that, even though PALS requires the above, PALS does not have a way to enforce participant compliance with these requirements, beyond the signing of this waiver, and I agree not to hold PALS responsible, financially or otherwise, if a member of my household contracts COVID-19 while at PALS.