

## RELEASE AND WAIVER OF ALL CLAIMS

The parent or guardian signing below attests to these statements on behalf of the minor:

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities recommend staying at home and when engaging in activities that individuals follow recommended practices to reduce the spread of the virus and reduce the risk of contracting the virus, including practicing social distancing (maintaining at least 6 feet of distance from others at all times), wearing a cloth face covering, frequent hand-washing and other measures.

I further acknowledge that Prescott Conservancy, Inc. d/b/a Prescott Farm Environmental Education Center (PFEEC) has put in place certain measures intended to reduce the spread of, and the risk of contracting, the Coronavirus/COVID-19. These measures are based on guidance from public health authorities such as the CDC and the State of New Hampshire. I agree to comply with all PFEEC measures that are put in place and related requests of PFEEC.

I further acknowledge that PFEEC cannot guarantee that I will not become infected with the Coronavirus/Covid-19 while participating in a PFEEC program. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to staff, guest instructors, and program participants and their families, and that becoming infected may lead to my infecting others or to serious illness, hospitalization, permanent harm or death.

I understand that participation in the program is voluntary and I voluntarily seek services provided by PFEEC, and acknowledge that by doing so I am increasing my risk of exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all recommended measures and procedures to reduce the spread and reduce the risk of exposure while attending this program.

I attest that:

\* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. I have not taken fever reducing medication in the last 48 hours.

\* I have not traveled internationally within the last 14 days.

\* I have not traveled outside New England or to any area highly impacted by the Coronavirus/COVID-19 within the United States of America within the last 14 days, and I have not been in close contact with anyone who has done so.

\* I do not believe I have been exposed to someone with a suspected or confirmed case of the Coronavirus/COVID-19.

\* I have not been diagnosed with Coronavirus/Covid-19.

\* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

\* I will take my temperature every day before participating and will stay home if I have a temperature over 100 degrees.

\* I agree to immediately notify PFEEC if any of these attestations change while I am participating in the program and understand I may be asked to stay home and not participate.

I, for myself and my heirs, personal representatives and assigns, hereby release, waive and agree to hold harmless PFEEC and its directors, officers, members, employees, agents, successors, affiliates, predecessors and assigns (“Releasees”), of and from any and all causes of action, claims, demands, subrogations, damages, costs, expenses and compensation of any kind for damage or loss, including bodily injury, death, property damage, harm to reputation or other harm, that may be caused by any act, or failure to act of Releasees or any participant, or that may otherwise arise in any way in connection with participation in any program or any services received from PFEEC. I understand that this release discharges Releasees from any liability or claim for negligence by Releasees or any participant.

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Participant Name and DOB

By signing below, I certify that I am the parent or legal guardian of the minor participant, that all of the statements above are true and correct, that I will fulfill each of the promised undertakings expressed herein, and that I understand I am waiving the rights expressed herein on behalf of the minor participant.

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Signature of Parent / Guardian of Participant