



**CITY OF LAS VEGAS VEGAS STRONG ACADEMY  
 COVID-19 RELEASE AND WAIVER OF CLAIMS FORM  
 PLEASE READ THIS DOCUMENT CAREFULLY**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The city of Las Vegas (“City”) has put in place protective measures with its Vegas Strong Academy program (“Program”) being hosted by the City and the Las Vegas–Clark County Library District (“Library”) to reduce the spread of COVID-19; however, the City cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities on the Program premises could increase your risk and your child(ren)’s risk of contracting COVID-19.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to all people, the City will be conducting a simple screening questionnaire each day. Your participation is important to help us take precautionary measures to protect you, your child(ren) and all others. The questions you will be asked are:

- YES / NO            Does your child have a new cough that you cannot attribute to another health condition?
- YES / NO            Does your child have new shortness of breath that you cannot attribute to another health condition?
- YES / NO            Has your child had close contact with someone, or been diagnosed, with COVID-19 within the last 30 days?
- YES / NO            Has your child experienced any of the symptoms below in the last 14 days-Fever of 100.4 degrees or higher, Chills, Cough, Sore Throat, Respiratory Illness, Difficulty Breathing, or Loss of Taste or Smell?

All parents or legal guardians and their child(ren) when at the Program premises, shall comply with the following:

- ✓ Wear a face covering, face shield, and/or mask.
- ✓ Practice physical “social” distancing by staying at least six feet apart from others.
- ✓ Wash your hands or use sanitizer frequently and do not touch your face.
- ✓ Do not shake hands, high five, fist bump, touch or hug others.
- ✓ Agree to be temperature-checked.

**IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO CHECK THEIR CHILD(REN) PRIOR TO ATTENDING THE PROGRAM FOR SYMPTOMS OF COVID-19 EACH DAY. PROGRAM STAFF WILL MONITOR CHILDREN DURING THE PROGRAM DAY FOR SYMPTOMS.**

By signing this form, I on behalf of myself, my family and my child(ren), acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren), my family, and I may be exposed to, or infected by COVID-19 by attending the Program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. We understand that the risk of becoming exposed to or infected by COVID-19 at the Program may result from the actions, omissions, or negligence of ourselves and others, including, but not limited to, City employees, Library employees, volunteers, and Program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my family, my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my family or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the Program.

I, as parent and/or legal guardian, have read and fully understand and acknowledge the contents of this Release and Waiver of Claims and on my behalf, and on behalf of my children and/or members of my family, agree that we will advance no claim and we are voluntarily waiving, releasing, indemnifying, and discharging the city of Las Vegas and Las Vegas-Clark County Library District and (as applicable) their elected officials, officers, employees, contractors, volunteers, and agents from any and all liability, damages, and each and every action (collectively, “Claims”) by participation in and/or associated with the Program including, but not limited to, exposure or transmission of the COVID-19 virus and other communicable diseases. I understand and agree that this Release and Waiver of Claims includes any Claims based on the actions, omissions, or negligence of the City, the Library, and their elected officials, officers, employees, contractors, volunteers, and agents, whether a COVID-19 infection occurs before, during, or after participation in any Program activity.

**THE UNDERSIGNED HAS READ THIS AGREEMENT AND UNDERSTANDS THAT BY SIGNING BELOW, SURRENDERS CERTAIN RIGHTS AND DOES DO SO FREELY AND VOLUNTARILY. IF THE UNDERSIGNED HAS ANY DOUBTS CONCERNING ITS CONTENTS, THE UNDERSIGNED SHALL CONSULT AN ATTORNEY OR OTHER REPRESENTATIVE BEFORE SIGNING BELOW.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Child(ren) Printed Name(s) and Age(s) \_\_\_\_\_

Date of Signature: \_\_\_\_\_