

Children's Enrichment Center (CEC)
COVID-19 Waiver

The health and safety of your child is our #1 priority. In light of the COVID-19 pandemic, we think it is important that you understand our efforts to manage your child's health and safety while on campus. We are focused on taking all reasonable measures to prevent the spread of COVID-19. We have strengthened our standard cleaning procedures, while adding increased frequency measures for things such as wiping down common touch points. You can view more measures we're taking by reviewing our Protocols for COVID-19 provided to you via email or by visiting the CEC office. CEC, as a condition of student attendance, expect parents to follow the guidelines and conditions set by the County of Santa Cruz, State of California, and any other governmental authority having jurisdiction over CEC. Parents understand the risk of attending school with multiple contacts with students and personnel that may have the COVID-19 virus. By signing below, you agree that you understand and accept the risk that you, your student(s), or family member may contract COVID-19 while on campus.

Please initial and sign below for check in:

_____ I have reviewed and understand the health and wellness policies provided to me.

_____ I understand that the decision to participate in CEC programs is completely voluntary and agree to accept and assume all risks associated with COVID-19 related to me and my family participating in the CEC educational program. I, for myself, my child, my heirs, personal representatives or assigns, hereby release wave, discharge, and covenant not to sue CEC, its parent organization Twin Lakes Church, its officers, employees, and agents for anything related to COVID-19.

_____ I affirm to Twin Lakes Church (dba Children's Enrichment Center) that, to my knowledge, all members of my party (a) are not currently diagnosed with COVID-19, (b) have not been exposed to a person presumed or confirmed to have COVID-19 within the 14 days preceding, and (c) are free of any signs and symptoms of COVID-19.

Signature

Date

Print

Child's Name