

## **ADDENDUM FOR CORONAVIRUS/COVID-19**

### **LEARN TO SWIM PROGRAM PARTICIPATION ASSUMPTION OF RISK, RELEASE, WAIVER, AND DISCHARGE**

I acknowledge the extremely contagious nature of the Coronavirus/COVID-19 (COVID-19) and the recommendations of public health authorities to practice social distancing and take other precautions to avoid infection and reduce the risk of transmission of the disease;

I further acknowledge that the Learn to Swim (LTS) program on the campus of Augustana University has put in place preventative measures as recommended by public health authorities to reduce the spread of COVID-19, and that I and my child must comply with all such measures while participating in this program;

I understand that the risk of becoming exposed to and/or infected with COVID-19 may result from the actions, omissions, or negligence of myself and others, and that the LTS program and Augustana University cannot guarantee that I or my child will not be exposed and/or infected; and,

I voluntarily seek for my child to participate in the LTS program and acknowledge that by doing so I am increasing my risk as well as my child's risk of COVID-19 exposure and/or infection.

For each day that my child participates in the LTS program, I attest that neither I nor my child:

- Is experiencing any symptoms 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;
- Has traveled internationally within the last 14 days;
- Has traveled to a highly impacted area within the United States in the last 14 days that is experiencing an increase in the number of active cases of COVID-19 or an area to which confirmed cases have been traced (i.e., "hot spots");
- Has been exposed to someone with a suspected and/or confirmed case of COVID-19;
- Has been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities.

I further attest that I, my child, and our immediate family are following all CDC recommended guidelines and recommendations of local and state public health authorities as much as possible and limiting our exposure to COVID-19.

Having independently considered and evaluated the risks of exposure to and/or infection with COVID-19, and having determined to allow my child to participate in the LTS program with full knowledge, acceptance and assumption of the risks, I hereby agree, for myself and for my child, to assume full responsibility and liability for the risk of bodily injury, illness, medical treatment,

permanent disability, and/or death which may result from exposure to and/or infection with COVID-19 before, during, or after participating in the LTS program.

I hereby release and agree to hold Augustana University harmless from, and waive on behalf of myself and my child, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, and expenses, including attorney's fees, with respect to any bodily injury, illness, medical treatment, permanent disability, and/or death that may be caused by any act or omission of any university employee or volunteer, or that otherwise may arise directly or indirectly from exposure to and/or infection with COVID-19 before, during or after my child's participation in the LTS program. I understand and further agree that this liability waiver, release and discharge extends to the university together with all officers, trustees, agents and employees as well as paid or unpaid staff in relation to the LTS program.

---

Signature of Parent/Guardian

---

Date

---

Printed Name of Parent/Guardian

---

Printed Name of Child

---

Printed Name of Child

---

Printed Name of Child

---

Printed Name of Child