

Mt. Vernon Community School Corporation

School Visitor Intake Form During COVID-19 Pandemic

Notification of Pandemic Prevention Precautions

On March 11, 2020, the World Health Organization declared the Coronavirus Disease 2019 (COVID-19) to be a global pandemic and, on March 13, 2020, the President of the United States declared a national emergency with respect to this dangerous virus. On March 6, 2020, the Governor of the State of Indiana declared a public health emergency within Indiana. To reduce and slow the spread of COVID-19, the Centers for Disease Control and Prevention and the Indiana State Department of Health recommend implementation of mitigation strategies, which will be implemented and enforced by the School Corporation, including, but not limited to:

- Frequent hand washing using soap and warm water for at least 20 seconds
- If soap and water aren't available, using a hand sanitizer that contains at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Self-quarantine at home as much as possible
- Maintain physical distance between yourself and other people of at least 6 feet at all times
- Cover your mouth and nose with a cloth face cover while around others
 - The cloth face covering is meant to protect other people in case you are infected
 - Do not place face coverings on children under age 2, anyone with trouble breathing, or unable to remove the mask without assistance

Individual Exposure Screening

As a school community safety precaution, the following responses are being required of visitors before entry to school facilities will be permitted:

1) Have you been within 6 feet of a person with COVID-19 in the past 10 days?
___ Yes ___ No

2) In the past 48 hours, have you experienced any of the following NEW symptoms:

Fever of 100.4 or above, or fever symptoms (chills/sweats): ___ Yes ___ No

Cough: ___ Yes ___ No

Sore Throat: ___ Yes ___ No

Congestion or Runny Nose: ___ Yes ___ No

Muscle or Body Aches: ___ Yes ___ No

Headache: ___ Yes ___ No

Shortness of breath, Trouble Breathing or Severe Wheezing: ___ Yes ___ No

Loss of Smell or Taste, or a Change in Taste: ___ Yes ___ No

Nausea, vomiting, or diarrhea: ___ Yes ___ No

- 3) Have you recently been in close contact with anyone who has exhibited any symptoms or tested positive for COVID-19? ___ Yes ___ No
- 4) Have you recently traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department? Including China, Italy, Iran, and countries in Europe. ___ Yes ___ No

Acknowledgement/Waiver/Assumption of Risk

- A. Identification of Risks.** While on School Corporation property, I understand I might be exposed to COVID-19, which can cause severe respiratory distress, hospitalization, permanent disability, and death. Symptoms include, but are not limited to, fever, coughing, and shortness of breath. I understand my entering school property may involve risk of injury, loss, and death. I understand that this Waiver and Release of Liability and Assumption of Risk Acknowledgement (“Agreement”) is intended to address all of the risks of any kind associated with my entering school property in any respect, including, particularly, such risks created by actions, inactions, or negligence on the part of the school district or its employees, agents, volunteers, successors, or assigns.
- B. Health & Safety Precautions.** During my visit, I will abide by all rules and guidelines imposed by the school district, including but not limited to, temperature checks, face masks, mandatory seating arrangements, social distancing, and mandatory disinfecting or handwashing. I understand that refusal to abide by these rules may result in my immediate removal from the premises. However, whether the school district imposes these measures or not has no bearing on my assumption of risk, waiver, or indemnification as described below.
- C. Assumption of Risk.** I knowingly and freely assume all risks, both known and unknown of my visit to school corporation property, even if arising from the negligence of the school district, as listed above, or from others, and assume full and absolute responsibility for my visit. I assume all costs associated with such risks, including, but not limited to, testing for COVID-19, quarantine, hospitalization, disability, and death.
- D. Release and Waiver.** I hereby release the school district and its board members, employees, agents, contractors, volunteers, successors and assigns (collectively, the “School Parties”) of and from any and all claims for injury, loss, damages, actions and causes of action, claims and demands whatsoever, whether known or unknown and whether or not founded in fact or in law, and of and from any and all manner of suits, liabilities, losses, covenants, controversies, agreements, promises, damages, judgments, claims and demands whatsoever in law or in equity including, but not limited to, those arising out of or in any way related to my participation in the event/activity, and all acts or omissions related thereto, whether or not caused in whole or part by the negligence or

other misconduct of any of the School Parties, to the end of the Term, as defined below, of this Agreement, which the undersigned has had or now has or which he/she or his/her heirs, administrators, successors and assigns hereafter can shall or may have or acquired.

I acknowledge that this Release, Waiver, Assumption of Risk and Indemnification Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion of this Agreement is held to be invalid, it is agreed that the balance of the Agreement shall; notwithstanding, continue in full legal force and effect.

I acknowledge that I am voluntarily signing this Agreement after carefully reading it and know and understand its contents.

Visitor Name (Print)

Visitor Signature

DATE:
