



**CONSENTS and WAIVERS OF LIABILITY**

The safety of you and your child/children is very important to us at Over The Moon Parenting and we work hard to provide a safe and fun environment. Unfortunately sometimes accidents happen. Therefore, the undersigned does hereby agree to hold harmless and indemnify, Over The Moon Parenting and further releases Over The Moon Parenting and it's employees and staff from any liability or responsibility for any accident, damage, injury or illness to me and to (children's names)

\_\_\_\_\_ or to any family member, guardian or spectator accompanying the child on the premises.  
YOUR 1<sup>ST</sup> CHILD'S NAME: \_\_\_\_\_ 1<sup>ST</sup> CHILD'S BIRTHDAY \_\_\_\_\_  
YOUR 2<sup>ND</sup> CHILD'S NAME: \_\_\_\_\_ 2<sup>ND</sup> CHILD'S BIRTHDAY \_\_\_\_\_  
YOUR 3<sup>RD</sup> CHILD'S NAME: \_\_\_\_\_ 3<sup>RD</sup> CHILD'S BIRTHDAY \_\_\_\_\_  
YOUR SIGNATURE: \_\_\_\_\_  
YOUR PRINTED NAME: \_\_\_\_\_

**Photographs:**

I grant Over The Moon Parenting, its representatives and employees permission to take photographs of me and my (children's names), \_\_\_\_\_ and to use such photographs for publicity, illustration, advertising or for use in the classroom at Over The Moon's discretion. I understand that Over The Moon will not publish my name or my child's name should it choose to use or publish photographs taken of me or my child/children.

YOUR SIGNATURE: \_\_\_\_\_  
YOUR PRINTED NAME: \_\_\_\_\_

**Daily Health Screening and Attestation Form (NEW August 2020) - see below.**

This form must be completed at HOME, the morning before each class day. You must conduct and report a temperature check for all persons entering the Center each day and include caregiver's signature. Please print and bring your completed Daily Health Screening and Attestation Form with you to hand in to OTM Staff at Center entrance.

I agree to complete the following Daily Health Screening and Attestation.

YOUR SIGNATURE \_\_\_\_\_  
YOUR PRINTED NAME \_\_\_\_\_

*DAILY Health Screening & Attestation Form*

*In order to promote the health and safety of our entire community, before entering Over The Moon Parenting's Parent and Child Enrichment Center please take a moment and answer the following questions and sign this attestation form. If you answer "Yes" to questions below, you will not be allowed to enter the Center.*

Today or in the past 24 hours, have you or any household members had any of the following symptoms? Fever (temperature of 100.0°F or above) felt feverish, or had chills? YES \_\_\_ NO \_\_\_

**TEMPERATURE TODAY** \_\_\_\_\_ (you), \_\_\_\_\_ (your child)

Have you or your child experienced any of the following symptoms: Cough, Sore throat, Difficulty breathing, Gastrointestinal symptoms (diarrhea, nausea, vomiting)? Fatigue (fatigue alone will not exclude a child from participation), Headache, New loss of smell/taste, New muscle aches? YES \_\_\_ NO \_\_\_ Have you or your child experienced any other signs of illness, and if so, what? \_\_\_\_\_

In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)? YES \_\_\_ NO \_\_\_

In the past 14 days, have you or a member of your immediate family traveled to any areas considered currently to be a "hot spot"? YES \_\_\_ NO \_\_\_

**Disclaimer**

Participant acknowledges and agrees that although Over The Moon has implemented reasonable measures to promote health and safety within our facility, no facility open to the public can provide absolute assurance that germs will not be transmitted between program participants. Participant acknowledges and accepts, for herself/himself and child, the limited risk of possible transmission of communicable illness.

I acknowledge that I have received, read and agree to comply with Over The Moon's Updated Summary Health and Safety Plan (September, 2020).

YOUR SIGNATURE \_\_\_\_\_  
YOUR PRINTED NAME \_\_\_\_\_