



# NORTH CASCADES INSTITUTE

810 State Route 20, Sedro-Woolley, WA 98284  
360-854-2599 www.ncascades.org

## CORONAVIRUS/COVID-19 CONSENT AND RELEASE

I acknowledge the contagious nature of the Coronavirus/COVID-19 ("COVID") and that the Center for Disease Control (CDC) and many other local and state public health authorities recommend or require practicing physical distancing, wearing cloth face coverings, and other preventive measures. I understand that North Cascades Institute (the Institute) has put in place government mandated and other preventative measures necessary to open to the public in effort to reduce the spread of COVID. However, COVID is an extremely contagious virus that spreads easily through person-to-person contact. COVID can lead to severe illness, personal injury, permanent disability, and death.

I further acknowledge that the Institute cannot and does not guarantee or warrant that I, my child, or anyone in my household will not become infected with COVID. I understand that becoming exposed or my child becoming exposed to and/or infected by COVID may result from participation in the Institute's program and accessing the Institute's facilities, and I knowingly and voluntarily assume that risk and the potential health consequences that may arise from that risk, including serious illness, permanent injury, and death.

I voluntarily seek services provided by the Institute and acknowledge that I am increasing and assuming the risk of exposure to COVID.

**Release and Indemnification.** I, on behalf of my heirs, representatives and assigns, agree to release, indemnify, and defend the Institute, its directors, officers, agents, employees, and representatives, and hold released parties harmless from and against any and all claims, causes of action, demands, damages, liabilities, costs and expenses, including attorney's fees and the Institute's costs of defense in connection, and any compensation for personal or bodily injury, illness, death, medical treatment, and/or damage to or loss of property that arises from or in connection to the participation in the Institute's programs or access to the Institute's facilities, except to the extent that such loss or damage is occasioned by the negligent act or omission of the Institute, its officers, agents or employees with no negligence on the part of the participant. The Institute has my consent to secure treatment at the closest hospital or emergency medical service in the event of a medical emergency.

**I agree to follow the following procedures established by the Institute, including the voluntary disclosure of personal information. Please initial:**

\_\_\_\_ I will not attend Institute programs if the participant (defined as: myself, my child, or my ward attending the Institute program) or anyone in participant's household has potential symptoms of COVID-19, such as cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, headache, sore throat, or new loss of taste or smell.

\_\_\_\_ I will alert the Institute if the participant develops potential symptoms during the program session.

\_\_\_\_ I do not believe anyone in the participant's household has been exposed to someone with a suspected and/or confirmed case of the COVID. I will alert the Institute if participant or anyone in the participant's household is diagnosed with COVID, has not yet been cleared as non-contagious by a public health authority or participant's personal physician, or has been notified by contact tracing efforts that confirm participant or anyone in participant's household has been exposed to COVID.

\_\_\_\_ I understand that the Institute's programs may need to close on short notice due to government order, participant or staff illness, or other emergency, and I can return to the Institute program location within three hours of being notified by phone if minor participant must be removed.

\_\_\_\_ I understand that the evolving nature of this pandemic may necessitate changes/additions to these requirements with minimal notice.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2022

**PARTICIPANT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_  
(if Participant is under 18)