

ADDENDUM TO CDCI CONSENT FORM FOR COVID-19 ACKNOWLEDGMENT OF RISK

The virus that causes COVID-19 is highly contagious. It is possible to develop and contract COVID-19, even when individuals follow all of the safety precautions recommended by the CDC, the State of Vermont, and the University (“UVM”). UVM’s Center on Disability and Community Inclusion (CDCI) is following coronavirus guidelines issued by the State of Vermont, CDC and other experts to reduce the spread of infection. However, UVM can never completely shield my child from all risk of exposure or illness caused by COVID-19 or other infections.

As a parent or guardian,

- I will monitor my child’s health prior daily for COVID-19 symptoms, which can include the following: cough, fever, chills, muscle pain, shortness of breath, sore throat or new loss of taste or smell (“Symptoms”).
- I will not participate/allow my child to participate if I/they have Symptoms or have been exposed to someone who has exhibited COVID-19 Symptoms or that has tested positive for COVID-19, or if I/they have a test pending.

By signing this agreement, I acknowledge the contagious nature of COVID-19. University employees, students and volunteers will follow UVM policies and public health guidelines with regard to preventing COVID-19 exposure, and will take prudent steps to minimize the risk of exposure to my child when the child is in UVM’s care. That said, I understand that during these Project Services, UVM cannot eliminate all risk of COVID-19 exposure during these Project Services, which may result in illness, injury, disability or death to me/my child while in the care of UVM, its employees, students or volunteers’. I agree to hold UVM responsible only to the extent that injury, disability or death results from the negligence of UVM, its employees, students and volunteers.

Name of child: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_