## NSEA YOUTH LIABILITY RELEASE FORM

First Name:Last Name:		DOB (MM/DD/YY):		
Activity Location	:	Date of Activity:		
Legal guardians n NSEA Volunteer	•	duals under 18 years of age, participating in the		
	•	e NSEA Volunteer Activity and be given to the		
anyone otherwise occur, negligence Enhancement Ass connected with Nagree to waive all activities. In the event of inj parent/guardian in the parent cannot I understand that a Industries provide injuries sustained. Is there any information	involved in named program renotwithstanding. I agree that lociation, its directors, officers SEA, including but not limited claims against these individual ury or illness, I understand that mediately. However, I am away be reached, the adult in charge as a registered volunteer under	this minor in case of an		
		Emergency Contact Best Phone:		
(Parent or guardia	n must sign if participant is a	minor or an adult whose capacity		
Please be advised		determined incapacity.)  JSEA volunteer programs are subject to being hotographs or videos may be used for publicity.		

I/we acknowledge that:

- 1. The contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.
- 2. The Nooksack Salmon Enhancement Association (NSEA) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.
- 3. NSEA does not guarantee that I/we will not become infected with the Coronavirus/Covid-19.
- 4. The risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself/us and others, including, but not limited to, staff and volunteers.

- 5. I/we am increasing my risk of exposure to the Coronavirus/COVID-19.
- 6. I/we must comply with all set safety protocols to reduce the spread while volunteering at NSEA.

## I/we attest that:

- 1. I/we am not experiencing any symptom 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.
- 2. I/we will have not traveled internationally within 14 days prior to attending an NSEA event.
- 3. I/we do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- 4. I/we have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- 5. I/we am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.
- 6. If I/we begin to show any symptom of Coronavirus/COVID-19, become exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19, and/or am diagnosed with Coronavirus/Covid-19 and not cleared non-contagious by state or local public health authorities within 14 days prior to an event, I/we will cancel our registration and will not attend the event.

## Parent/guardian must sign and date below.

Parent/C	uardian l	Signature	<u></u>	
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<b>.</b>				
Date				