

COVID-19 Coronavirus Waiver

The undersigned acknowledges that there is widespread, ongoing transmission of novel coronavirus (“COVID-19”) worldwide, including throughout Washoe County and Nevada. In accordance with the most recent orders and recommended guidance and protocols issued by various governmental and public health agencies, including without limitation the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the Nevada Department of Health (NDH), the Washoe County Health and Human Services (DHHS), and, with respect to IVNS’s facility, services and program, the Washoe County Department of Health and Human Services for slowing the transmission of COVID-19 (collectively, “COVID-19 Risk Mitigation Guidance”), **the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize IVNS (other than any exclusively online services and programs) if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify IVNS immediately if he or she believes that any of the foregoing access/use restrictions may apply.**

IVNS has taken certain steps to implement COVID-19 Risk Mitigation Guidance for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above, enhanced cleaning and disinfecting protocols, and physical distancing measures. The COVID-19 pandemic is a challenging and fluid situation, and COVID-19 Risk Mitigation Guidance may change frequently. The undersigned acknowledges and agrees that IVNS may revise its procedures at any time based on updated COVID-19 Risk Mitigation Guidance and further agrees to comply with IVNS’s revised procedures prior to utilizing the facility and program. The undersigned further acknowledges and agrees that, due to the nature of the program offered by IVNS, social and physical distancing of 6 feet per person among participants (including children, caregivers and staff) is not always possible. The undersigned fully understands and appreciates both the known and potential dangers of attending the program at IVNS and acknowledges that use thereof by the undersigned and/or such participating children may, despite IVNS’s reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

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Printed Child’s Name

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Printed Parent Name

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Parent Signature

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Date