



HEALTH SCREENING DECLARATION AND WAIVER OF LIABILITY

NAMES OF THOSE ENTERING THE MUSUEM TODAY

_____	_____
_____	_____
_____	_____
_____	_____

STATEMENT OF HEALTH

Today or within the past 24 hours, have you or any minors entering the museum with you today had any of the following symptoms?

Fever (100.4° F), felt feverish or had chills?	YES	NO
New or worsening persistent cough?	YES	NO
Difficulty breathing?	YES	NO

I, _____ (PRINT NAME), certify, represent, and declare that the
aforementioned statements are true and accurate.

Signature Date

WAIVER OF LIABILITY

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death. As a result, the Ohio Department of Health recommends social distancing, frequent hand washing and/or sanitizing, wearing face coverings and limiting the number of people in establishments.



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CMF has established preventative procedures to reduce the spread of COVID-19 however; CMF cannot prevent you, your children or anyone under your care from becoming exposed to, contracting, or spreading COVID-19 while utilizing the museum. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize CMF, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize the Children's Museum of Findlay. These services are of such value to me [and/or to my children,] that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize the Children's Museum of Findlay in person.

WAIVER OF LAWSUIT/LIABILITY: On behalf of myself and any minors entering with me or under my care, control or reservation, I hereby forever release and waive my right and to bring suit against the Children's Museum of Findlay and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing the Children's Museum of Findlay's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Ohio will apply to this contract.

I have carefully read and fully understand all provisions of this release, and freely and knowingly assume the risk and waive my rights concerning liability as described above. I am the parent, legal guardian or loco parentis of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature

Date

Printed Name