COVID-19

ACKNOWLEDGMENT AND DISCLOSURE

EMPLOYEE

Please read and initial each statement below.

1. I understand to work on the studio premises I must be free from COVID-19 symptoms.

If I develop any of the following symptoms while on the studio premises I must immediately notify a member of management.

Symptoms include:

* + - fever of 100.4 degrees Fahrenheit or higher
    - dry cough
    - Shortness of Breath
    - Chills
    - Loss of taste or smell
    - Sore Throat
    - Muscle aches

While many of these symptoms might be non-COVID-19 symptoms we are proceeding with by assuming they are Covid-19 during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. You will need to be symptom free for 72 hours before returning to the facility.

1. I understand that my temperature will be taken every 2 hours while I’m on the studio premises. *{this is of course, your option; if you elect to do this, it must be done consistently and recorded}*
2. I understand that I must wear a mask at all times while I’m on the studio premises. *{this is of course, your option; if you elect to do this, it must be done consistently and recorded}*
3. I understand that the studio is using enhanced cleaning procedures and I will comply with and complete all cleaning and disinfecting tasks as assigned each day.
4. I will wash my hands using CDC recommended handwashing procedures every time I touch a surface.
5. I understand that I must bring a pair of shoes to the facility that will ONLY be worn inside this facility and will be left here each evening. *{this is of course, your option; if you elect to do this, it must be done consistently and recorded}*
6. I understand that outside of work, I will comply with any and all state, county or local stay-at-home orders, will limit contact outside of work to persons living in my household and will only go out to stores to shop for essential items like food, medicines and toiletries and will follow any recommendations from the CDC that limits my risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people.
7. I WILL NOT gather with anyone that does not live in my household. I WILL NOT go to any gym, movie theater, nail or hair salon, park, beach, or other community location that is not for the purpose of getting food, medicines, toiletries or other life sustaining necessities until such time as it is determined by state and local health officials that the COVID-19 Public Health Emergency is over.
8. I will immediately notify [Lee's Korean Tae Kwon Do Association Inc DBA Lee's Tae Kwon Do Academy] management if I become aware of any person with whom I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
9. I understand that while working in the studio I will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the studio safe and reducing the risk of exposure by following the practices outlined herein.

I, certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by [STUDIO NAME] will result in disciplinary action up to and including termination. I acknowledge that my employment will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Employee Signature Date

Management Team Witness Date

This sample disclosure is offered without a lawyer’s review. Block Insurance does not warranty this nor represent it as legally enforceable. The best way to have an enforceable document is to consult with a local attorney.

COVID-19

ACKNOWLEDGMENT AND DISCLOSURE

STUDENT / FAMILY

***This should be initialed and signed by BOTH parents.***

Please read and initial each statement below.

1. I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone’s risk of exposure. {This is optional, of course. I encourage you offer parents the option to watch their children from their cars via Live Stream}
2. I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area I MUST sanitize my hands before entering, remove my shoes and wear a mask. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.
3. I understand that to enter the studio premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the studio. I will be contacted, and my child MUST be picked up from the studio within 15 minutes.

Symptoms include,

* + - fever of 100.4 degrees Fahrenheit or higher
    - dry cough
    - Shortness of Breath
    - Chills
    - Loss of taste or smell
    - Sore Throat
    - Muscle aches

While many of these symptoms might be non-COVID-19 symptoms we are proceeding with by assuming they are Covid-19 during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. You will need to be symptom free for 72 hours before returning to the facility.

1. I understand that my child must wear a mask at all times while in the studio and on studio premises. *(OPTIONAL, may be required by some states in order to operate.)*
2. I understand that students will be required to bring their own hand sanitizer and use it according to CDC recommended handwashing procedures every time they touch a surface in the studio. *{this is of course, your option}*
3. Each student MUST remove their shoes at the entrance of the facility. Those shoes will be put into their personal gear bag.
4. I understand that outside of martial arts, all students will comply with any and all state, county or local stay-at-home orders, and all contact with persons living outside our household will follow all state, county or local stay-at-home orders. Students will not go out to stores unless it is absolutely necessary and then only to shop for essential items like food, medicines and toiletries and will follow any recommendations from the CDC that limits student’s risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people. *{this is of course, your option}*
5. I will immediately notify [Lee's Korean Tae Kwon Do Association Inc DBA Lee's Tae Kwon Do Academy ] management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify [Lee's Tae Kwon Do Academy] management if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.
6. I understand that Students entering our studio will be in contact with children, families and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

I, certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by [Lee's Tae Kwon Do Academy] will result in disciplinary action up to and including termination. I acknowledge that my employment will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child’s Name: DOB:

Parent’s Name:

Parent Signature Date

Parent’s Name:

Parent Signature Date

Management Team Witness Date

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