

NOTE: THIS IS INCLUDED FOR REFERENCE AND WILL NOT BE FILLED OUT UNTIL DAY OF PARADE BY FLOAT CHAIRPERSON



## 2020 Lonoke Christmas Parade COVID-19 RELEASE FORM

Name of Participant: \_\_\_\_\_

Date: December 6, 2020

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend social distancing.

I further acknowledge that the Wade Knox Children's Advocacy Center has informed participant of preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that the Wade Knox Children's Advocacy Center cannot guarantee that I will not become infected with the Coronavirus/COVID-19.

I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Wade Knox Children's Advocacy Center staff and board of directors, and other participants.

I acknowledge that I must comply with all set procedures by the Wade Knox Children's Advocacy Center to reduce the spread during the event.

**YES or NO, are you currently experiencing any of the following symptoms?**

A new fever (100.4°F or higher), a sense of having a fever or had a fever within the past 72 hours without being on medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
A new cough that you cannot attribute to another health condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
New shortness of breath or difficulty breathing that you cannot attribute to another health condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
New chills that you cannot attribute to another health condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
A new sore throat that you cannot attribute to another health condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
New muscle aches that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
A new loss of taste or smell?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
In the past 14 days, have you had close contact with someone with suspected or confirmed COVID-19?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had a positive test for the virus within the past 10 days?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Anyone who answers YES to any of these screening questions will not be able to participate in the parade.

I understand the regulations set before me and abide by the rules and will not hold the Wade Knox Children's Advocacy Center accountable of these conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_