

ILLNESS POLICY 2024-2025

In consideration of all Covenant Light Co-op (CLC) members, during times of any illness, we ask that you refrain from attending CLC Co-op Classes or any CLC sponsored activities/field trips if you or someone in your household is experiencing any of the following symptoms, unrelated to any ongoing physical issues or allergies, within the last 24 hours:

- Fever (Participant must be fever free for 24 hours without the help of medication)
- Difficulty breathing or shortness of breath
- Nausea/Vomiting/Diarrhea
- Persistent Cough
- Runny nose (with colored mucus)
- Contagious illnesses such as, but not limited to: Covid-19, pink eye, chicken pox, measles, mumps, rubella, influenza (flu), the common cold, and strep throat, or any illness of any kind.

We appreciate your patience as we navigate uncharted territory to the best of our ability, seeking guidance from God, health professionals, and governmental authorities to inform our decisions and actions.

**Statement of Waiver of Liability and Assumption of Risk
Related to Coronavirus / COVID-19**

By attending CLC, taking place at First Baptist Church of Mt. Dora. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you and your family may be exposed to or infected by COVID-19. You also acknowledge that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of yourself and/or others, including, but not limited to, CLC volunteers, participants, church members, and/or patrons, and their families. You agree to assume all the foregoing risks, waive liability against CLC and First Baptist Church of Mt. Dora, and any other listed parties, and accept sole responsibility for any illness, injury, disability, or death to you or your family, including all claims that may arise resulting from any of these.

By signing below, I acknowledge that I have read and understand the Covenant Light Illness Policy and agree to abide by it.

Parent / Guardian Signature: _____ Date: _____

Printed Name of Parent / Guardian: _____