

TRUE NORTH will abide by the following restrictions for group-programming:

****Please sign at the bottom after reading thoroughly to acknowledge that you understand the information and restrictions.****

- No more than 10 people (students, staff and volunteers) for indoor activities
- No more than 20 people (students, staff and volunteers) for outdoor activities

Upon arrival, students, staff and volunteers will be asked if they have any of the following symptoms and the following questions:

1. Cough
2. Shortness of breath
3. Runny nose
4. Head or body aches
5. Sore throat
6. Nausea, vomiting, or diarrhea
7. Loss of taste or smell

To the best of your knowledge, have you or anyone in your household been in direct contact with someone who has tested positive for covid-19 in the last 14 days?

If you answered YES to any of the previous symptoms and questions, we kindly ask that you stay home as we can not accommodate your participation safely at this time. We would love to welcome you back when you are able to answer NO to all of the above, thank you!

Have you left San Miguel or Montrose County for more than 48 hours in the last 14 days? (this is only for reporting and tracing).

- After going through the symptom checklist, students, staff and volunteers will receive a temperature check with a contactless thermometer. If there is sign of a fever, you will be asked to leave.
- Best practices will be established at the start of each activity to ensure that all participants are aware of health regulations and the precautions we will be taking.
- All are required to bring a facemask and wear the facemask when indoors. We will provide additional PPE for those that may not have it.
- All will be advised to maintain the 6-feet minimum distance regulation inside and outside.
- Hand-washing stations will be provided for all.
- Transportation is not guaranteed. Staff and volunteer cars can only operate at 50% capacity.
- Any equipment, tools, utensils or other items provided will be sanitized before and immediately following the activity.

I have read the above protocol and understand that I assume any risk associated with group programming for me and my student.

Parent Name : _____ **Signature:** _____ **Date:** _____
(please print)

Student Name: _____ **Signature:** _____ **Date:** _____
(please print)