COVID-19 LIABILITY RELEASE WAIVER
Forliano Farm at Quarry Valley
Jessica Forliano, Inc.
PO Box 493
Lahaska, PA 18931

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), our business is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 include:
• Fever
• Fatigue
• Dry Cough
• Difficulty Breathing

I agree to the following in order that my son/daughter ____________________________ may participate in Forliano Farm Summer Camp:

• I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
• I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.
• I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
• I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a “hot spot” for COVID-19 infections within the past 30-days.
• I understand that Jessica Forliano Inc. cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

Forliano Farm Summer Camp is following these enhanced procedures to prevent the spread of COVID-19:
• Small groups of campers stay together. Campers will stay together at least 6 feet apart whenever possible and do not share personal objects. Outdoor activities are prioritized. All campers are from the same local geographic area (e.g., town, city or county). Frequent hand washing, masks worn for any indoor or close-up activities.

By signing below, I agree to each statement above and release Jessica Forliano Inc. from any and all liability for unintentional exposure or harm due to COVID-19.

Signature: _______________________________ Date: ______________