



Parent Attestation Form

I hereby acknowledge that I, or my child, will be involved in many different activities with Elmhurst Children's Theatre (ECT) and there is an element of risk involved in all theatre productions involving action, fight scenes, dancing, and scenes requiring less than six feet of distance between actors. I hereby waive and release ECT and its Board of Directors, employees, instructors and volunteers from all liability, including but not limited to any liability related to COVID-19, which may arise due to the participation in group ECT activities.

In order to protect our ECT child participants, employees, and volunteers from COVID-19, children and adult volunteers, my child or I must not attend rehearsals or performances if we (i) experience symptoms of COVID-19, or (ii) have a suspected or diagnosed/confirmed case of COVID-19, or (iii) have been exposed to a person with a suspected or diagnosed/confirmed case of COVID-19.

I understand my child or I will undergo temperature and symptom screening by an ECT Board member upon entering an ECT facility for all rehearsals and performances. If my child or I have a temperature at or above 100.4 degrees F or have any symptoms consistent with Covid-19, my child or I will not be able to participate in ECT activities for the day.

Positive COVID-19 Test with Symptoms or No Symptoms Reporting

ECT Board Members, instructors, volunteers and child participants who test positive for COVID-19 must notify the ECT Board.

I understand that I or my child can return to ECT activities when at least 10 days have passed since experiencing initial symptoms (as long as symptoms are improving and there has been no fever for >24 hours at the end of that 10 day quarantine period).

An individual may choose more stringent guidelines to follow to return to ECT, such as laboratory-confirmed testing. The cost of the testing is the individual's responsibility, not ECT's.

I understand that should my child or I violate established COVID safety policies of Elmhurst Children's Theatre (daily temperature checks, hand sanitization, social distancing, and wearing masks covering nose and mouth at all times), both will be asked to leave the rehearsal or performance space and may be prevented from participating in future Elmhurst Children's Theatre productions.

Furthermore, in the event of an accident (not COVID related), I hereby authorize whatever action is deemed necessary in order to provide medical aid or attention for my child or myself. It is understood that in the event of an accident, you or your emergency contact will be contacted at the earliest possible time.

Child Name:

Parent Name:

Parent Signature: (typed signature is acceptable)

Parent Phone Numbers:

Emergency Contact Name and Cell Phone Number:

Date:
