



Parental Waiver & Consent Form

COVID-19 Release

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

I further acknowledge that Fourth Meal Inc has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Fourth Meal Inc can not 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.

I voluntarily seek services provided by Fourth Meal Inc and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days.

* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Fourth Meal Inc harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with any services received from Fourth Meal Inc. I understand that this release discharges Fourth Meal Inc from any liability or claim that I, my heirs, or any personal representatives may have against the salon with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Fourth Meal Inc. This liability waiver and release extends to the organization volunteers together with all owners, partners, and employees.

Print Name _____

Signature _____ Date _____

Release of Child Photographs/Names



Fourth Meal, Inc

FOURTH MEAL INC. requests permission to use photographs/videos/names of individual child volunteers and groups of children in a variety of publications to promote FOURTH MEAL INC. This could include newsletters, brochures, newspapers, magazines, reports, organization website, radio, videos or television. This would also include permission for your child to be photographed by the media (TV or newspaper) for events relation to Fourth Meal Inc.

_____ Yes – I give my consent for the publication of my child’s photographs/name and comments for purposes consistent with the above.

_____ No – I do not permit the publication of my child’s photograph/name and comments for purposes consistent with the above.

Child Name _____

Parent/Guardian Signature _____ Date _____