

Covid Guidelines & Waiver for In-person Programs

Updated June 22, 2021

Your Safety is a Priority!

We are excited to offer limited in-person programs as the state progresses through the Restore Illinois plan! The health and safety of our staff and participants are our first priorities. All current CDC, Illinois Department of Public Health (IDPH), and Champaign-Urbana Public Health Department (CUPHD) guidelines will be followed during in-person programming.

Our staff takes everyone's safety seriously and we have planned activities and procedures that follow safety guidelines. This includes:

- All activities have been modified to allow for social distancing and other safety guidelines.
- Time spent during the programs will be outside as much as possible (and may be completely outdoors) with social distancing used while inside around tables and chairs. In the case of inclement weather, programs may be cancelled.
- For the indoor portions of programs, unvaccinated individuals and children ages 2-11 must wear a mask at all times.
- When you arrive, we will ask if you have conducted a Personal Health Screening at home before coming to the program. (see below)
- Hand sanitizer or wipes will be provided, and we will have masks on hand in case you forgot yours.

Guidelines for Participants

By signing up for in-person programs, guardians/participants are confirming they can meet the following criteria. Participants are expected to follow these guidelines with minimal verbal prompts. If unable to do so, the participant will be asked to refrain from in-person programs until they can demonstrate the ability to meet all guidelines.

- Conduct a Personal Health Screening prior to coming each program (see below)
- Maintain 6-feet or more distance from others (other than those in your household/cohort)
- Bring a face covering that covers the mouth and nose – depending on the program, masks will be required by all participants and staff during programs, including during time outside.
- Drinking water is not available at all sites; participants may bring a re-usable water bottle that is labeled with their name. Please step away from the group to drink from your water bottle.

Conduct a Personal Health Screening Prior to Coming to Each Program

Participants should conduct their own health screening at home *prior* to coming out to the program.

If you or anyone in your group answer 'yes' to any of the following questions, please stay home.

- Is anyone in your household displaying any signs/symptoms of COVID-19?
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

- To the best of your knowledge, have you or anyone in your household come into close contact¹ with anyone who tested positive for, was diagnosed with, or suspected of having COVID-19 in the past 2 weeks? ²

¹ Close contacts include household contacts, intimate contacts, or contacts within 6-ft. for 15 minutes or longer (10 minutes or longer for ambulatory care services) unless wearing N95 mask during period of contact.

² The CDC currently states that fully vaccinated people who meet criteria will no longer be required to quarantine following an exposure to someone with COVID-19. These criteria are: fully vaccinated (i.e. ≥2 weeks following receipt of the second dose in a 2-dose series or ≥2 weeks following receipt of one dose of a single-dose vaccine); have remained asymptomatic since the current COVID-19 exposure.

Thank You for Keeping Everyone Safe!

We appreciate your help in keeping everyone safe by following these guidelines. We are planning to offer limited programs until it is clear that all restrictions are lifted, metrics are consistently good for an extended time, and we are able to move back into full staff capacity.

Updated mandates and recommendations from the CDC, IDPH, and CUPHD may change our ability to follow this new limited program plan. Also, if we find that guests are not following appropriate social distancing or other guidelines, we may be forced to cancel programs.

Please check our [website](#) and Facebook pages for any changes or updates.

By signing this agreement, I acknowledge and understand:

- The contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 in addition to other general illnesses by attending programs with the Champaign County Forest Preserve District
- The contagious nature of COVID-19 also creates a risk that I may expose or infect others with COVID-19, even if I have been vaccinated (with current understanding regularly improving)
- The risk of becoming exposed or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including but not limited to, District employees, volunteers, and program participants and their families.
- Contraction of COVID-19 can come from numerous outside sources as well.
- I assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the Champaign County Forest Preserve District, its facilities, and programs.
- I hereby release the Champaign County Forest Preserve District, its employees, agents, and representatives, of and from liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the CCFPD, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program.
- I have read, understand, and agree to abide by the guidelines for participants, including the requirement to conduct a Personal Health Screening prior to coming to each program.

Participant’s Name (please print): _____ Date: _____

Signature of Participant or Parent/Guardian: _____