

North Kingstown Recreation Hosts

Be Safe When Home Alone!

6:00-9:00PM * Monday October 5, 2020

This class, a must for children 10 – 14 years of age, will help prepare your child to safely stay at home alone when necessary. Topics include: internet safety, telephone and fire safety, elements of first aid and steps to take in an emergency. Course material is presented in a relaxed and interactive format. Students will learn through role playing, games and acting out emergency situations. This course is taught by registered nurses who will teach your children how to play it safe!

Catherine Alexander DNP, MPH, RN is a certified instructor through the American Heart Association with over 30 years of experience in healthcare and a passion for empowering teens to learn these lifelong skills. Come join us and be one of only 4% of the population who knows how to effectively save a life!

It is imperative that all who are interested pre-register to allow the instructor time to prepare and know the minimum number for the class is attained. Make check payable to: Town of North Kingstown and mail to 100 Fairway Drive, North Kingstown, RI 02852 or pay online by credit card <https://nkrec.recdesk.com/Community>

We at NK Rec take your health and safety very seriously. We will be abiding by the State COVID Guidelines that are subject to change. Please only send ONE guardian with child for program. Children and Staff must wear a mask. Please have hand sanitizer available for individual use. There will be a screening at drop off, including temperature taking, please allow yourself an extra few minutes. If your child has a temperature or answers yes to any of the following questions, they will not be allowed to participate in the program that day:

- *Are exhibiting any symptoms of the coronavirus: mild to severe respiratory illness with fever, coughing, difficulty breathing, or other symptoms identified by the CDC.*
- *Have been in contact with someone with COVID-19 in the last 14 days.*
- *If you have a serious underlying health condition, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, or whose immune system is compromised parental discretion for participation will be advised*

We encourage Participant to bring snacks and drinks

Fee: \$50.00, Non-Resident Fee: \$55.00 Location: Cold Spring Community, 30 Beach Street
Make check payable to: Town of North Kingstown, 100 Fairway Drive or pay online by credit card
www.northkingstown.org/recreation

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Home Alone October 2020

NAME _____ M F BIRTHDATE _____

SCHOOL _____ GRADE _____

ADDRESS _____ 028 _____

EMAIL _____ @ _____

PRIMARY PHONE _____ CELL PHONE _____

SERVICE PROVIDER _____ RECEIVE TEXT NOTIFICATIONS? Y N

MEDICALPROBLEMS? _____

EMERGENCY CONTACT NAME AND PHONE: _____

PARENT/GUARDIAN SIGNATURE _____

TOWN OF NORTH KINGSTOWN

RECREATION DEPARTMENT

100 Fairway Drive

North Kingstown, Rhode Island 02852

Phone (401) 268-1542

MINOR'S CONSENT TO PARTICIPATE

AND HOLD HARMLESS AGREEMENT AND RELEASE

I, (Print Name of Minor's Parent or Legal Guardian)_____ state that

(Print Minor's Legal Name)_____ (hereafter referred to as "the

minor") the minor wishes to participate in (Print Name of Event or Program)

_____ sponsored by the North Kingstown Recreation Department (the "Recreation Department").

The minor's parent(s) or guardian(s) understand that participation in the above event or program is VOLUNTARY and that the minor does not have to participate. It is understood that the event or program involves activities which could result in injury to the minor's person or damage to the minor's property, and that by participating, the minor's parent(s) or guardian(s) voluntarily accept and assume the risk of injury to the minor or damage to the minor's property and consent the minor's participation in the event or program.

It is understood that the Recreation Department DOES NOT provide any insurance coverage for the minor's person or property; and minor's parent(s) or guardian(s) acknowledge that they are responsible for the minor's safety and the minor's own health care needs, and for the protection of the minor's property. In exchange for allowing the minor to participate in this event or program, the minor by and through the undersigned, agrees to release from liability, indemnify, and hold harmless the Town of North Kingstown, its agents, officers, and employees for any injury to the minor's person or damage to the minor's property which arises out of or occurs during or as a consequence of the minor's participation in the event or program, whether or not such injury or damage may have been caused, in whole or in part, by any negligence or want or care on the part of the Town of North Kingstown, its agents, officers, or employees. This Hold Harmless Agreement and Release shall be binding upon the minor, the parent(s) or guardian(s), any successors in interest, and/or any person(s) suing on the minor's behalf. The minor's parent(s) or guardian(s) understand that this document is complete unto itself and that any oral promises or representations made to them concerning this document and/or its terms are not binding upon the Town of North Kingstown, its officers, agents and/or employees.

PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:

I, the undersigned, state that I am the parent or legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to said minor and to myself. I further understand that said minor cannot participate under ANY circumstances in the above specified event or program without parental consent and that the minor will not be allowed to participate without entering into this agreement. This document is binding on myself, the said minor, and any person suing on behalf of said minor.

BY INITIALING I AGREE TO THE UNRESOLVED USE OF MY CHILD'S NAME AND/OR LIKENESS (INCLUDING PHOTOGRAPHS, VIDEO TAPES, AND OTHER DEPICTIONS) FOR PUBLICIZING NORTH KINGSTOWN RECREATION ACTIVITIES AND EVENTS.

Minor's Name (PRINT):_____ Birth date of minor:_____

Home State of minor:_____ Today's Date:_____

Parent/Guardian Legal Name (PRINT):_____

Parent/Guardian Legal Name (SIGN):_____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

North Kingstown Rec Programming has put in place preventative measures to reduce the spread of COVID-19; however, NK Rec **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending NK Rec Programming, being exposed to the public, could increase** your risk and your child(ren)'s risk of contracting COVID-19.



By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending NK Rec Programming and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, NK Rec employees, volunteers, and program participants and their families even though North Kingstown Recreation is taking all possible precautions.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at NK Rec Programs or participation in NK Rec programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless NK Rec, its employees, agents, and representatives, of and from the Claims, including all 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 programs, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any programming.

Signature of Parent/Guardian Date



Print Name of Parent/Guardian Print Name of Participant(s)

