

# INFORMED CONSENT FOR VISITORS DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information for Washburn Center for Children (Washburn Center) visitors during the COVID19 pandemic. Please read this carefully and let us know if you have any questions. After you sign this document, it will be an official agreement.

### Risks of opting for in-person guest engagement

You understand that coming into our offices, off-site spaces and/or events means you assume the risk of potential exposure to COVID19 (or other public health risks).

## Responsibility to minimize your potential exposure

By visiting Washburn Center you agree to follow the precautionary measures below to help keep you, other guests, clients and staff safer from exposure and illness related to COVID-19.

- Only attend if you are free from COVID-19 symptoms.
- Wear a mask in all shared areas of the office and when meeting with staff and guests.
- Maintaining social distancing of 6 feet from others whenever possible.

Washburn Center will continue to follow Minnesota Department of Health and other public health recommendations for cleaning, social distancing, mask-wearing and other safety procedures. Washburn Center may also require additional safety measures to support the safety of clients, staff, guests, interns and volunteers.

## **Indemnification and Hold Harmless**

By visiting Washburn Center you agree to hold harmless Washburn Center for Children and its officers, employees, agents and representatives from any and all actions, costs, expenses, damages and liabilities, relating to any claim of exposure, infection, injury or illness concerning COVID-19 arising from your visit. This assumption of risk, waiver and agreement applies even if the undersigned asserts Washburn Center was at fault for not taking greater precautions to manage exposure or infection from COVID-19 and the pandemic. Visitors and their families assume the risk of illness and injury, as outlined in this document.

## **Informed Consent**

Your signature shows that you agree to these terms and conditions.

Signature

Date

Print Name