

**Mother's Day Out of Westchester, Inc.  
2414 Westchester Ave. Suite 5  
Oella, MD 21043**

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**MOTHERS DAY OUT WESTCHESTER ("MDOW")  
Program Acknowledgment Form**

Please Print:

Last Name \_\_\_\_\_

First \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ THIS DOCUMENT CAREFULLY.**

I understand and acknowledge that COVID-19 infections have been confirmed throughout the United States, Maryland, and Baltimore County.

I understand that even though MDOW is engaging in best practices consistent with Maryland State Department of Education Office of Child Care regulations and recommendations as well as CDC guidance for child care programs to plan, prepare, and respond to COVID-19, I realize that social distancing for young children will be difficult at best and that MDOW cannot guarantee that my child will not be exposed to germs or illnesses that may be spread from other children, including COVID-19.

I acknowledge and understand that MDOW has taken steps to implement the recommended guidance and protocols issued by state and federal agencies for slowing the transmission of COVID-19. I acknowledge that MDOW may revisit and revise its procedures at any time based on updated recommended guidance and protocols issued by federal and state agencies. I understand that MDOW will make those changes known to me, and I further agree to comply with those revised procedures prior to utilizing MDOW facilities and participating in MDOW programs.

I agree that neither my child nor any other member of my household shall visit or utilize the MDOW facilities, services, or programs if my child or any other member of my household (i) experiences symptoms of COVID-19, or (ii) has a suspected or diagnosed/confirmed case of COVID-19, and I agree to notify MDOW if any of these restrictions may apply to my child or any member of my household.

I fully understand and appreciate both the known and potential dangers of my child participating in MDOW programming and acknowledge that participation therein by my child may, despite MDOW's reasonable efforts to mitigate such dangers, may

result in exposure to COVID-19, which could result in quarantine requirements, serious illness, and/or death.

In consideration for my child being permitted to utilize the programs and services of MDOW, I, on behalf of myself and my participating child and any personal representatives, heirs, and next of kin, hereby acknowledge and agree that I have carefully considered the risks of my child participating in the MDOW Program during the COVID-19 pandemic and accept and assume those risks.

By signing this Program Acknowledgment Form, I understand that I, personally and on behalf of my child, voluntarily and personally assume all of these risks, and that it is my sole responsibility to determine whether I am and/or my child is sufficiently fit and healthy to participate in these activities, and I am willing to expose my child and my household to potential hazards associated with the MDOW Program.

I further represent that I have read the foregoing Program Acknowledgment Form, understand it, and sign it voluntarily.

Date: \_\_\_\_\_

SEP

Signature: \_\_\_\_\_