

LCM Waiver Form



Each member of your group will need to complete this waiver in order to be admitted to the museum. Minors must have a waiver completed by a legal guardian; even if that minor is responsible for your group. To make the check-in process as quick and smooth as possible, we recommend completing this waiver prior to arriving to the museum.

If you forget or misplace your waiver, there will be printed copies available at the Welcome Desk. If you are a minor and forget your waiver, museum staff MAY be able to help you complete one via a phone call with a legal guardian. This assistance may require your group to return to their vehicle until all other parties in the timeslot have been checked in.

COVID-19 PUBLIC HEALTH EMERGENCY ACKNOWLEDGEMENT, DISCLOSURE, AND RELEASE OF LIABILITY

Please read and initial each statement below.

- 1** _____ I understand that the COVID-19 Public Health Emergency is currently on-going. I understand that COVID-19 is an extremely contagious disease that can lead to severe illness and death and that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection.
- 2** _____ I understand that there is an inherent risk of exposure to COVID-19 in any public place where people are present; that the Lincoln Children's Museum is a place where multiple children and others are present within a confined space; and that staff at the Lincoln Children's Museum cannot ensure patrons will socially distance as recommended by the CDC.
- 3** _____ I understand that the nature of the Lincoln Children's Museum involves surfaces being touched and shared by multiple children and adults and that I or my child(ren)/dependent(s) may have contact with a surface touched by other patrons before the staff at the Lincoln Children's Museum can disinfect the surface.
- 4** _____ I understand that by entering the Lincoln Children's Museum, I and my child(ren) and/or dependent(s) voluntarily assume the risk of contracting COVID-19.
- 5** _____ I understand and agree that as a condition of entering the Lincoln Children's Museum, I, and any of my child(ren)/dependent(s) ages five (5) or over will be required to wear a mask, use hand sanitizer prior to entering the exhibits, and have a temperature of less than 100.4 degrees Fahrenheit (which will be checked by staff prior to entering the exhibits). I further understand that the only exceptions to these requirements will be if I, or my child(ren)/dependent(s), require an accommodation under the Americans with Disabilities Act Amendments Act.

I, _____ and _____ certify that I have read, understand, and agree with the above provisions. By signing below, I hereby agree that I and my children and /or dependents assume the risk of contracting COVID-19 by entering the Lincoln Children's Museum. Also, by signing below, I hereby agree to release the Lincoln Children's Museum from, and waive, any and all such claims, damages, demands, rights of action or causes of action resulting from or arising out of personal injury to myself or my child(ren)/dependent(s), or due to the negligence of the Lincoln Children's Museum, relating to COVID-19. I agree that the above provisions and waivers apply to my dependents, if any, regardless if I am in attendance. I understand that this is a continuing waiver and that all the above provisions apply each time I or my dependents enter the Lincoln Children's Museum from the date below for a period of one year.

Date: _____ **Signature:** _____

Date: _____ **Signature:** _____

Child(ren) / Dependent(s):

_____	_____	_____	_____
(name)	(age)	(name)	(age)
_____	_____	_____	_____
(name)	(age)	(name)	(age)
_____	_____	_____	_____
(name)	(age)	(name)	(age)

**COVID-19 PUBLIC HEALTH EMERGENCY
ACKNOWLEDGEMENT, DISCLOSURE, AND RELEASE OF LIABILITY
VISUAL IMPAIRMENT CERTIFICATION**

I agree that I am visually impaired and that I have given permission for the below witness to read the COVID-19 PUBLIC HEALTH EMERGENCY ACKNOWLEDGMENT, DISCLOSURE, AND RELEASE OF LIABILITY waiver to me and to assist me in signing that waiver.

Date: _____ **Signature:** _____

Witness Signature: _____