COVID-19 PARENTAL ACKNOWLEDGEMENT
FOR MIT IN-PERSON PROGRAMS FOR MINORS

This COVID-19 Acknowledgement must be completed for all in-person programs for minors operated by MIT departments, labs, centers, or student clubs in addition to MIT’s general requirements for minors programs.

In accordance with MIT’s vaccination requirements, minors must be up to date with COVID-19 vaccinations, or have a religious or medical exemption, in order to participate in MIT programs and events (MIT’s Policy on K-12 Students and Programs provides further details on vaccination, exemption, and booster requirements and is available at minors.mit.edu). Minors must meet the vaccination and booster requirements prior to the start of the program or as soon as they are eligible.

I, __________________________, acknowledge the following requirements (which may be subject to change at any time):
1. My child, with my assistance if necessary, will self-screen each day for potential COVID-19 symptoms prior to participating in the program. Such symptoms may include, without limitation, recent loss of taste, fever, cough, sore throat, shortness of breath, gastrointestinal distress, muscle aches, or cold-like symptoms (any/all of which are not attributed to a chronic illness or condition). I agree that my child will not attend the program if experiencing any of the these symptoms or if otherwise feeling unwell.
2. I acknowledge that my child is up to date with COVID-19 vaccinations, including receipt of the booster shot (if eligible), or has a religious or medical exemption.
3. I agree to notify the MIT Program Manager as soon as possible if my child tests positive for COVID-19.
4. I understand that face coverings are optional in indoor and outdoor spaces at MIT. If my child is unvaccinated, I understand that my child is strongly encouraged to wear a face covering when unable to maintain a physical distance of at least three feet.
5. I agree to be bound by, execute, and submit MIT’s liability release to the MIT Program Manager (or other designated MIT contact).

I acknowledge the importance of complying with these protocols. While compliance with these protocols is expected to help mitigate the spread of COVID-19, I understand that the risk cannot be completely eliminated, and I knowingly and voluntarily accept all such risks related to illness and infectious diseases, such as COVID-19.

By permitting my child to attend and/or participate in this program, I agree that MIT, including its employees, contractors, students, volunteers and authorized agents (collectively, the “MIT parties”), is not responsible for my child’s exposure to, contraction and/or transmission of COVID-19, and agree to fully release the MIT parties from such liability to the fullest extent permitted by law.

__________________________________________________________  ___________________________
Signature of Parent/Guardian                                      Date

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Name of Minor Participant