

COVID-19 POLICY & PROCEDURE

BIG SKY AUTISM PROJECT

Big Sky Autism Project would like to thank you for your support and understanding during this unprecedented time. We are doing as much as possible to be part of the solution during this worldwide health crisis while still providing much needed services to the autistic and special needs communities.

All individuals seeking services, attending events, and spending time at our facility will be required to sign the following *Notice of COVID-19 Policy & Procedure* prior to the start of any sessions or events.

Policy

We ask the following of all individuals seeking services, attending sessions, and entering our facility and events, including clients, athletes, parents, caregivers, family members and friends, and our instructors, coaches, staff, and Board of Directors:

1. If you or anyone in your household has felt ill in any way 48hrs prior to your session, please stay home. Cancel your session and reschedule when your household has been completely symptom free for a minimum of 48hrs.
2. If anyone in your household has been exposed to a "Possible Positive" or Positive COVID-19 case or is waiting for test results, please stay home.
3. If anyone in your household has traveled out of state, please wait fourteen (14) days from the date they returned home before resuming sessions. You may resume sessions on the fifteenth (15) day following their return barring any occurrence of illness in your household during the last fourteen (14) days.
4. We request all individuals take precautions to avoid the unintentional spread of the virus to our clients, athletes, instructors, coaches, staff, and others by following the recommended CDC guidelines for COVID-19. (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>)

Procedure

Due to the nature of our sessions, face-coverings that cover the mouth and restrict breathing are not recommended for anyone participating in the fitness session.

We do request the following of all individuals that are participating in the fitness session:

1. Sanitize your hands upon entering the facility and before touching any equipment. Sanitizer will be available at the facility.
2. If you want to wear a face-covering, please do so. We will adjust the intensity of the session to accommodate you.

We do request the following of any individuals who are not directly involved in the fitness session but plan on staying for the duration of the session:

1. Sanitize your hands upon entering the facility and please do not touch any equipment. Sanitizer will be available at the facility.
2. Wear a face-covering that covers your nose and mouth unless you have a medical condition that prevents the safe wearing of a face-covering.

3. Practice social distancing while at the session, event, or in the facility. Please keep a minimum distance of 6 feet apart. If your assistance is required with the athlete, the coach will request it.

Our instructors, coaches, and staff will sanitize their hands, equipment, and heavily used areas between sessions to help protect everyone involved. They will also wear face-coverings when possible as long as it does not interfere with instruction during the session or event.

I certify, with my signature below, either electronic or handwritten, that I have read and understand Big Sky Autism Project’s Notice of COVID-19 Policy & Procedure. Furthermore, I understand that it is my choice to attend sessions and events offered by Big Sky Autism Project where it is possible that I, and/or my athlete, could be exposed to COVID-19 at no fault of the coach, instructor, staff, or Board of Directors of Big Sky Autism Project. I recognize that the coach, instructor, staff, and Board of Directors of Big Sky Autism Project will take reasonable precautions to ensure my and my athletes’ safety during the session and/or event that we attend and that it is my responsibility to follow the policy and procedures to the best of my abilities to ensure the safety of everyone involved in the session and/or event.

Signature of Responsible Party

Date

Printed Name of Responsible Party

Name of Athlete (if applicable)