**HINGYCA – KALAELOA AGREEMENT AND UNDERSTANDING**

**FOR COVID-19 TESTING**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Legal Guardian) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Candidate) understand that my child will be tested for COVID-19 on **July 8, 2020** for possible entry into the Hawaii National Guard Youth Challenge Academy at Kalaeloa.

**Candidate:**

I will abide by all rules and regulations set forth by HINGYCA and any rules set forth by Hawaii Department of Health in relation to COVID-19. (*see attachment*).

I agree to comply with all COVID-19 mitigation process and procedures set in place for the purpose of protecting the health and safety of myself, other Candidates/Cadets, staff and HINGYCA.

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*Candidate Print Name Candidate Signature Date*

**Parent/Legal Guardian:**

I confirm by my initials and signature below to the following:

\_\_\_\_\_ My child has not traveled outside the state of Hawai’i within the past 14 days.

\_\_\_\_\_ My child has not been in direct contact with someone who was tested positive for COVID-19.

\_\_\_\_\_\_ My child does has not displayed symptoms of fever, acute respiratory illness (cough, difficulty

 breathing).

\_\_\_\_\_ My child has not displayed additional symptoms of fatigue, reduce of appetite, chills, feeling

 of cold, muscle pain (not associated with other medical condition), headache, new loss of

taste or smell, vomiting, sore throat and/or diarrhea.

I will attest that my child will remain home from the completion of testing on July 8, 2020 until entry date July 14, 2020.

I understand that during this period it is my responsibility to monitor and seek medical guidance for my child if symptoms change during stay home process. If medical guidance is needed, I will provide a medical clearance letter from medical provider prior to start date.

I waive all claims against Hawaii National Guard Youth Challenge Academy at Kalaeloa and their staff which might arise on account of the COVID-19, absent gross negligence or intentionally wrongful conduct by HINGYCA, staff or individuals employed by HINGYCA.

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*Parent/Legal Guardian Print Name Parent/Legal Guardian Signature Date*

*“This institution is an equal opportunity employer”*