**Reconnection Waiver for In-Person Match Outings**

In order for Matches to meet in-person during the COVID-19 pandemic, the following **waiver must be agreed to and signed by all individuals in the Match and returned to the BBBS Office via email or by mail**. Each individual will receive their own separate copy to sign. Our goal is to ensure the safety of all matches and allow each match participant to take the time they need to feel safe and comfortable meeting again in-person. **Matches may not meet in-person until all parties have returned their waivers and they get word from their Match Support Specialist that they are cleared to meet.**

**COVID-19 Agreements Within the Match:**

1. Parents/Guardians and Bigs MUST agree that they are comfortable meeting in-person before EVERY match outing and must commit to reviewing the guidelines BEFORE EACH meeting.
2. Matches understand that the ability to meet in-person may be withdrawn by either party temporarily if either party does not feel it is safe to meet in-person due to health concerns or contacts with other people, personal wellness or symptoms day-by-day.
3. Matches are asked to notify BBBS if they or members of their family have symptoms of COVID-19 and their match is expected to meet soon.
4. Matches are asked to notify BBBS if they have had any exposure to someone (family member, friend, coworker) diagnosed with COVID-19, that person's date of diagnosis, and the date the match party last had contact with the diagnosed party.

**Match Health During COVID-19:**

1. All matches must follow current CDC guidelines for COVID-19 between each in-person meeting. Check CDC guidelines before every meeting as they change frequently. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
2. Before each outing, all parties should evaluate their health directly and determine if the outing should occur or if a virtual meeting should happen instead. Individuals shouldn’t meet if either individual feels physically unwell in any way, including having (or had) a fever or persistent cough and not for at least two weeks following onset of symptoms.
3. If parents/guardians or Bigs have an underlying medical condition that will impact the match relationship ongoing, they must notify BBBS and, as appropriate/as they are comfortable, notify the other parties in the match relationship.
4. During match outings, remind each other about rules for the day. How will we keep each other safe and healthy? Make a plan and discuss your plan. Check-in throughout your outing.
5. BBBS will continue to monitor COVID-19 in our area. We may choose to revise or revoke guidelines around in-person contact as needed.

**Please keep this page for your reference.**

**RECONNECTION WAIVER**

**PLEASE SIGN AND RETURN THIS PAGE TO THE BBBS OFFICE**

I have read the COVID-19 Reconnection Wavier and I agree to adhere to all of the items listed to the best of my ability. I understand I am not obligated to have in-person contact with my match, and that I am expected to continue virtual contact if not having in-person contact. I will make decisions based on what is best for the safety, health, and wellness of each person in my match and our families. I will discuss these considerations in depth with each person in my match and ensure we are all in agreement before proceeding. If I have questions or concerns about how best to do this, or about any of the guidelines listed here or any other concerns related to the BBBS program, I will contact my Match Support Specialist. I will not hold Big Brothers Big Sisters of SW Idaho responsible or liable if I or one of my family members contracts COVID-19 or any illness. I will not hold BBBS SW Idaho responsible for any damages that may result from contracting an illness.

Please sign your space below. Each individual will receive their own separate copy to sign and send back. Signature can be electronic. Once signed, please email document to your Match Support Specialist or mail to the BBBS Office, 7609 Emerald, Boise, ID 83704. A copy of this will be kept on file at the BBBS Office.

Julieann Hagler, jhagler@bbbsidaho.org

Julie Bayard, jbayard@bbbsidaho.org

Kris Bryant, kbryant@bbbsidaho.org

Kyle Christensen, kchristensen@bbbsidaho.org

Cami Hill, chill@bbbsidaho.org

Match Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Little Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Big Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*By printing your name on this document, or using a keypad, mouse or other device to select an item, mark initials or create a signature for this document, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. You also agree that no certification authority or other third-party verification is necessary to validate your electronic signature.