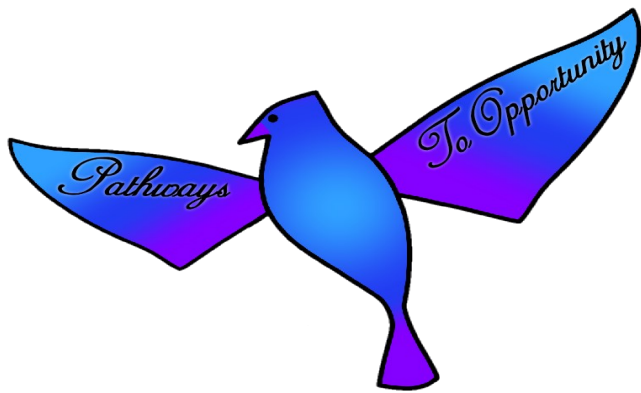




Life Skills Summer Series

Adult One Week Interactive Camp for Adults with Intellectual and developmental disabilities

Monday—Friday from 9:00am to 2:00pm



Life Skills Reviewed:

- Money Skills (Safety and Handling)
- Communication & Boundaries
- Community Safety
- Drama Club
- Computer Skills (Basics/Coding)
- Daily Living Skills
- Employment Exploration
- Cooking

At the end of the two weeks, participants will receive a report outlining their strengths, employment exploration assessment and progress. As well as new relationships to last a lifetime.

Who Could Benefit From This:

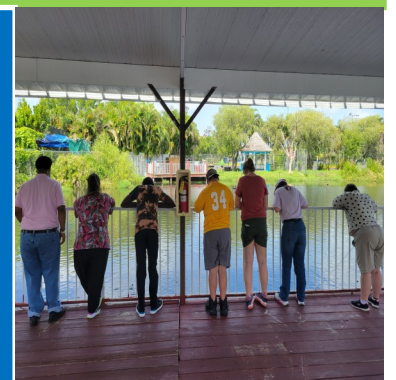
- Individuals 18+
- Considering Deferment
- Considering Adult Day Training programs
- Someone wanting a new experience

Cost:

- \$100 flat fee per 5 day session.
- Entry fee for outings included.

Summer Session:

- 06/05/23—06/09/23
- 06/26/23—06/30/23



Contact Jessica Tursi for more information:

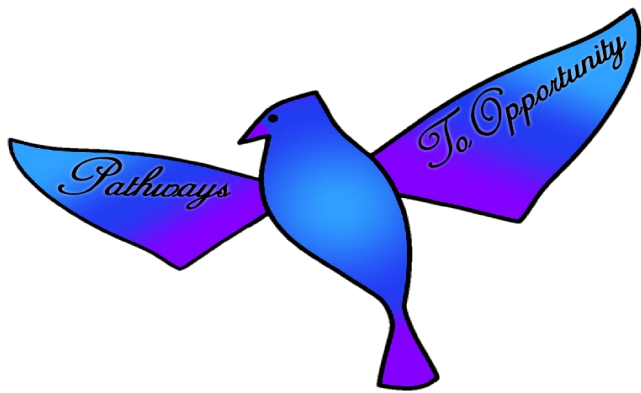
jessicaavalos@goodwillswfl.org or 239-995-2106 ext. 2301



Life Skills Summer Series

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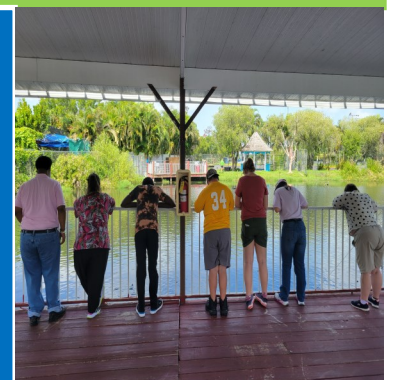
- Individuals 18+
- Considering Deferment
- Considering Adult Day Training programs
- Someone wanting a new experience

Cost:

- \$100 flat fee per 5 day session.
- Entry fee for outings included.

Summer Session:

- 07/10/23—07/14/23
- 07/24/23—07/28/23



Contact Jessica Tursi for more information:

jessicaavalos@goodwillswfl.org or 239-995-2106 ext. 2301



Pathways to Opportunity - LIFE SKILLS SERIES

GENERAL ADMISSION CRITERIA

Individuals considered for admission to Pathways to Opportunity program must be eligible for services under the State of Florida, Agency for Persons with Disabilities (APD)/Florida Medicaid Waiver program or meet Federal Criteria for Developmental Disability (i.e. an individual with severe function limitation in three (3) or more major life activities). Goodwill Industries of Southwest Florida, Inc. does not discriminate on the basis of race, creed, color, sex, age, national origin, or veteran status.

The Pathways to Opportunity program's Life Skills Series will adhere to guidelines in Florida Administrative Code Rule 65G3.002 regarding all admissions to services. Additionally, individuals considered for admission must meet the following criteria:

1. Be at least 18 years of age
2. Must have transportation to and from program site.
3. Demonstrate a reasonable expectation for full program participation.
4. Able to benefit from participation in the program.
5. Competency in basic personal care skills (toileting, dressing, and feeding). *
6. Ambulatory or mobile non-ambulatory. *
7. Substance abuse in full remission
8. Possess functional communication skills. *
9. Controlled medication (self-medicate) and/or physical condition.*
10. Impairment or conduct not dangerous to self or to others.
11. Demonstrate no serious danger to others, staff, themselves, or property – no recent history of aggressive or violent behavior.
12. Does not have a felony arrest or conviction.
13. Relevant referral information on file which includes current medical, psychological evaluations documenting stability of disability condition, and criminal history if applicable.

* Goodwill may be able to serve if resources can be arranged for person served.

The Pathways to Opportunity program's Life Skills Series is NOT staffed or equipped to provide services to individuals with:

- Feeding tubes, tracheotomies, ostomies, indwelling catheters
- Pressure sores requiring medical intervention
- Other physical conditions requiring on-site medical care
- Behavioral issues resulting in:
 - Sexual assault
 - Physical assault
 - Serious self-injury
 - Use of physical or mechanical restraints
 - Suicide attempts

Each individual who begins receiving services in the Pathways to Opportunity program will be subject to a probationary period of ninety (90) calendar days. During this period, the appropriateness of the individual's placement will be evaluated in relation to the admission criteria described above. Goodwill Industries of Southwest Florida, Inc. will adhere to all standards outlined in the Florida Administrative Code Rules 65G-3.003, 65G-3.004, 65G-3.005, regarding reduction, suspension, or termination of services.

Community Support Services - 5100 Tice Street - Fort Myers, Florida 33905 - 239.995.2106

PATHWAYS TO OPPORTUNITY - Life Skills Series Admission Application

Applicant: the following information MUST be attached for consideration:

Application Date: _____

ISP/IP/IEP

Goodwill Health Form

BSP (if applicable)

Proof of Guardianship (if applicable)

Section 1 - Personal Information:

Legal Name: _____

Nick Name or _____

Preferred Name: _____

Street Address: _____ Phone Number _____

City, State, Zip _____ Alternate Phone _____

Code _____ Number _____

Social Security Number: _____ Medicaid Number: _____

Date of Birth	Gender	Race	Ethnicity

Does individual have a *legal* guardian? Yes No Type of guardianship _____

Name of Guardian: _____ Phone Number: _____

Alternate Phone _____

Guardian Email: _____ Number: _____

Emergency Contacts:

Relationship	Name	Complete Address	Phone Number
Legal Guardian			

Schedule:

Please check the boxes for the days of interest

Monday

Tuesday

Wednesday

Thursday

Friday

Living Situation:

Family

Group Home

Independently

Other: _____

Supervision Level:

Please list how much alone time you (applicant) have: **Minutes:** _____ **Hours:** _____ **Days:** _____

Please circle the range of supervision you (applicant) require:

Hearing

Visual

Arms Reach

Visual Checks-15 minutes

Please circle the appropriate ratio you (applicant) should be in for classes: **1:1** **1:3** **1:5** **1:10**

PATHWAYS TO OPPORTUNITY Admission Application

Do you (the applicant) have a job? Yes No If **Yes**, what is the current Job and/or Work Location:

Are you (the applicant) currently attending an Educational Program? Yes No

Section 2 - Program Information:

How will tuition be paid?

Private pay Medicaid Waiver (iBudget) Other: _____

Is applicant registered with Florida’s Agency for People with Disabilities (APD)? Yes No

Is the applicant “waitlisted” for Florida’s Medicaid Waiver (iBudget)? Yes No

Does applicant have Florida’s Medicaid Waiver (iBudget)? Yes No If **yes**, complete information below.

Name of Support Coordinator	Phone Number	Email

Section 3 - Individual Questionnaire - Please take the time to complete the following list of questions.

How best do you (the applicant) communicate with those around you? (check all that apply)

- Verbally
- ASL
- Device
- Gesture
- Non-Verbal
- Picture Board
- Lip Reading
- Written Communication
- Other: _____

Personality Questions - Do/Can you (the applicant).....

	YES	NO	Sometimes
1. ...independently carry on a conversation with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...follow simple requests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ...able to understand simple sentences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ...independently plan leisure time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ...engage in hobbies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ...develop friendships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ...take direction well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ...work well as part of a team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Behavior Questions - Do/Can you (the applicant)....

	YES	NO	Sometimes
9. ...engage in aggressive, violent or self-abusive behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Yes or Sometimes – Explain: _____

10. ...have a Behavior Support Plan (BSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------------	--------------------------	--------------------------	--------------------------

(If Yes, then attach to application) Attached

PATHWAYS TO OPPORTUNITY Admission Application

- | | | | |
|--------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 11. ...stay with the group during activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. ...interact appropriately with peers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. ...are you appropriate with respect to sexual behaviors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If No or sometimes – Explain: _____

Assistance Questions - Do/Can you (the applicant)....

- | | YES | NO | Sometimes |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| 14. ...need assistance eating? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes or Sometimes – Explain: _____

- | | | | |
|----------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 15. ...successfully leave a group, go to the restroom and return independently?? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. ...take care of personal toileting needs independently? (no staff required) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If No or sometimes – Explain:

-
- | | | | | |
|-----------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 17. ...independently take care of personal hygiene needs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-----------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

- | | | | |
|-------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 18. ...take medication independently? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. ...ask questions when needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. ...know what to do in case of an emergency? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. ...change own clothes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. ...set limits with strangers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. ...demonstrate safe pedestrian skills in the community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24. Do you use any adaptive equipment that you will bring to Goodwill?

- | | | |
|--------------------------------------|----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Electric Wheelchair | |
| <input type="checkbox"/> Safety Vest | <input type="checkbox"/> None | |

- | | | | |
|-----------------------------------------|--------------------------|--------------------------|--------------------------|
| 25. ...stand for long periods of time?? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. ...walk for long periods of time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. ...lift more than 5lbs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(circle if more): 10lbs 20lbs 35lbs 50lbs

- | | | | |
|---------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 28. ...have computer skills; using a mouse, typing on a keyboard, using the internet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|

PATHWAYS TO OPPORTUNITY Admission Application

29. ...bend to the ground, reach above your head, and walk up flights of stairs with ease?

If No – Explain: _____

Learning Style

I learn best by (check all that apply)

- Being shown (modeling, prompts or demonstration)
- Tell me how to do it (verbal prompts)
- Nudge me (physical prompts)
- Explain it to me (verbal prompts with discussion)
- Do task with me a few times (repetition)
- Show me pictures of how to do it

Transportation

How will applicant arrive and depart program daily? _____

Who should be contacted if applicant is not picked up at 3:45 p.m.?

Name: _____

Name: _____

Phone: _____

OR Phone: _____

Phone: _____

Phone: _____

Does applicant need assistance in and out of van?

Yes No

If yes explain: _____

Does applicant need assistance securing seatbelt? Yes No

During program hours classes may take trips into the community using Goodwill vehicles or partnering agencies vehicles. Is there any additional information that needs to be known regarding the applicant during transportation?

PATHWAYS TO OPPORTUNITY Admission Application

Section 5 - Interest Assessment

What activities have you (the applicant) enjoyed in the past? _____

What new activities would you (the applicant) like to try? _____

What would you (the applicant) like to get out of coming to Pathways to Opportunity? _____

If you (the applicant) could be anything in the world, what would it be? _____

Please check below, all that you (the applicant) have an interested in:

- Creative Expression
- Education
- Recreation
- Service Learning
- Employment Exploration
- Other: _____

Description	Interest	No Interest	Comments
Arts: Drawing, painting, photography, pottery, candles, ceramics, knitting, scrapbooking, crafting			
School Classes: Book club, money, world religion, journaling, hand writing, foreign languages, transportation training			
Music: Dancing, music appreciation, instruments, singing			
Ball Sports: Softball, basketball, flag football, golf, kickball, soccer, tennis, volleyball			
Other Sports: Cheerleading, gymnastics, biking, wall climbing, roller skating, track/field, martial arts, water sports, swimming			
Low Impact: Walking, exercise equipment, yoga, aerobics			
Educational: Stress Management, Anger Management, community, nutrition, computers, first impressions, relationships, life experiences			
Social: Current events, relationship building, volunteering, performance art, party planning			



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Good for Communities!

PATHWAYS TO OPPORTUNITY Admission Application

Technology: Basic computer, internet safety, graphic arts			
Outdoor Activities: Boating, fishing, camping, gardening, nature studies, yard games			
Internships: Sports & Fitness, event planning, Library, Marketing			

Please write down additional notes that you would like to share with us below. Please list things we should know about you, the participant. (example: refuses to wear a coat, cannot access the internet, subject to dehydrating, cannot tie shoes, enjoys being alone when upset, triggers, etc.).

Application Completed by: _____ Date: _____

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please return this form and supplemental documents to:

Pauline Browning, Program Site Supervisor
 Goodwill Industries of Southwest Florida, Inc.
 5100 Tice Street, Fort Myers, FL 33905
paulinebrowning@goodwillswfl.org
 Phone: 239.995.2106 ext. 2229
 Fax: 239.652.1655

Official Use:

CSS Enrollment Staff to Complete:

Date Received	Funding Source?	Medicaid Waiver?	Program Enrolled	Assigned Supervisor	Enrollment Date

PATHWAYS TO OPPORTUNITY Admission Application

Health Form	Prior Authorization?	Therap?	APD Tracking	Attendance Sheet	BSP (if applicable)
Virtual or On-Site?					

Community Support Services - 5100 Tice Street - Fort Myers, Florida 33905 - 239.995.2106

PATHWAYS TO OPPORTUNITY- Life Skills Series Health Information Form

Legal Name: _____

Street Address: _____ City, State, Zip _____

Home Phone: _____ Alternate Phone: _____

Date of Birth: _____ Gender: _____

Name of Guardian: _____ Telephone: _____

Guardian Email: _____ Alternate Telephone: _____

Emergency Contacts:

Relationship	Name	Phone Number	Alternate Phone Number

Diagnosed Disability: _____

Do you (the applicant) have any of the following:..

- | | YES | NO | Sometimes |
|----------------|--------------------------|--------------------------|--------------------------|
| 1. ...Seizures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Provide specific instructions, triggers, etc. for seizures: _____

- | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|
| 2. ...Heart Problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ...High Blood Sugar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ...Low Blood Sugar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. ...Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. ...Allergies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Allergy and reaction: _____

- | | | | |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| 7. ...Reaction to Insect Bites | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. ...Food Restrictions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Restrictions: _____

- | | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|
| 9. ...Medication Allergies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------|--------------------------|--------------------------|--------------------------|

Allergy and reaction: _____

Please explain all "YES" answers from above: _____

PATHWAYS TO OPPORTUNITY Health Information Form

Medication Information: *Medication must be taken independently at program.*

Please complete form completely (can use back or additional paper if needed).

Medications	Dosage & Times	Reasons for Medications	Drug Allergies & Signs
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Please notify Pathways to Opportunity Supervisor of any medication changes throughout services.

Primary Physician: _____

Address: _____ Phone/Fax Number _____

Hospital Preference: _____

Questions about you (the applicant)...

Have alone time? Yes No If yes, how much per day? Minutes: _____ Hours: _____ Days: _____

If sunscreen is needed for outdoor activities, who should apply? Self Staff Other: _____

Can leave the group and independently use the restroom and return? Yes No

Do you smoke? Yes No

Pathway to Opportunities Program provides a variety of physical activities in a range of environments depending upon individuals' choices. Please comment on any physical limitation you (the applicant) might have in doing physical activities and any concerns for environment/weather.



Good for Families,
Good for Communities!

PATHWAYS TO OPPORTUNITY Health Information Form

Emergency Medical Authorization

In the event that reasonable attempts to contact the parent or guardians has been unsuccessful;
I _____ hereby give my consent for the admission to hospital or any treatment for
_____ as deemed necessary.

Participants Name

Application Completed by: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Parent/guardian Signature: _____ **Date:** _____

Physician's Signature: _____ **Date:** _____

Please return this form and supplemental documents to:

Pauline Browning, Program Site Supervisor
Goodwill Industries of Southwest Florida, Inc.
5100 Tice Street, Fort Myers, FL 33905
paulinebrowning@goodwillswfl.org
Phone: 239.995.2106 ext. 2229
Fax: 239.652.1655

This health form will be updated annually for quality assurance purposes.

Media Release Form Authorization and Consent

I _____, being either of legal age to consent or the legal parent or guardian of
(Print Name)

_____, a minor child or person unable to consent on his or her own behalf, hereby grant
(Print Name)

Goodwill Industries of Southwest Florida, Inc. the right and permission to use the following as indicated by checkmark:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Quote
<input type="checkbox"/> Photograph(s)
<input type="checkbox"/> Video recording
<input type="checkbox"/> Sound recording
<input type="checkbox"/> Information related to my experiences
with Goodwill Industries of Southwest Florida, Inc.
may be used. | <input type="checkbox"/> Social Media (Facebook, Instagram,
Twitter, etc.)
<input type="checkbox"/> Goodwill Website
<input type="checkbox"/> Program Brochure
<input type="checkbox"/> Program Newsletter
<input type="checkbox"/> Program Documents (internal use) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For specific publication or event as follows: (To be completed at time of signature)

The consent shall remain in effect for a period of five (5) Years, or throughout the expected duration/use of the event/publication, intended for the event use unless I revoke it prior to that time. I understand that I may revoke this authorization by submitting a written request to: Director of Public Relations and Marketing, Goodwill Industries of Southwest Florida, Inc., 5100 Tice Street, Ft. Myers, Florida 33905. I understand that, if I revoke this authorization, my revocation will not have any effect on actions already taken by this Goodwill in reliance on my authorization. I will not disaffirm or disavow this consent and permission on the ground that I was unable to enter a binding contract on the date of execution hereof or any similar grounds whatsoever, or endeavor to recover from this Goodwill any sums for being depicted through this use. I understand that the information used or disclosed is subject to re-disclosure by the person(s) or class of person(s) receiving it and no longer protected by the federal privacy regulations.

I understand that, in any such use, Goodwill Industries of Southwest Florida, Inc. will exercise discretion and ethical judgment appropriate to the circumstances in which the above referenced information is used.

By signing below, I certify that I have read and understood the above Release Form, Authorization and Consent, I have been given the opportunity to have my questions answered, and I have been informed that this Goodwill must give me a copy of this document once it is signed. Further, I understand that the provisions of this release are legally binding.

_____ Signature of Participant	_____ Date
_____ Signature of Personal Representative, if applicable	_____ Description of Personal Representative, if applicable

Mission:

Goodwill Industries of Southwest Florida is committed to serving people with disabilities and disadvantages by offering life-changing opportunities to achieve independence.



WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC'S LIFE SKILLS PROGRAMS/ACTIVITIES AND TRANSPORTATION SERVICES

PLEASE READ THIS FORM CAREFULLY and be aware that in signing up for and participating in GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. (Pathways to Opportunity) life skills programs/activities and/or GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. Transportation services/vehicle operation, when provided, you will expressly assume the risk and legal liability and will waive and release all claims against GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. for contraction of illness, injuries, damages or loss that you or your guardian or individual representative might sustain as a result of participating in any and all activities connected and associated with GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. 's programs/activities and transportation services/vehicle operation. For the avoidance of doubt this waiver specifically contemplates and constitutes a waiver of liability for exposure to COVID-19 or associated risks.

STATEMENT OF PARENT, GUARDIAN, OR PERSONAL INDIVIDUAL REPRESENTATIVE

I recognize and acknowledge that there may be certain risks involved in participating in GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. 's (Pathways to Opportunity) life skills programs/activities and transportation services/vehicle operation, when provided, and I voluntarily agree to assume the full risk of any contraction of illness, injuries, damages or loss that the individual receiving service or I (in my personal capacity or as a representative, parent or guardian of the individual receiving service) may sustain as a result of said participation. I further agree to waive and relinquish all claims I or the below named participant(s) may have or accrue against GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. , including GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. 's respective officials, officers, employees, agents, and volunteers as a result of participating in any GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. program or activity.

I specifically understand that COVID-19, a novel (new) coronavirus, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and believed to be spread by person-to-person contact. I further understand that there is an inherent risk of becoming exposed or infected with COVID-19 by participating in GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. 's life skills programs/activities and transportation services/vehicle operation.

I further understand that possible exposure to COVID-19 may nonexclusively result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, intensive care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. I further understand that although a very high percentage of infected people appear to experience a relatively mild form of the illness with cold or flu-like symptoms, fatal and life-threatening cases have been seen in people over 60, people with preexisting health conditions, as well as apparently healthy individuals with no known disease. I further understand that COVID-19 may cause additional risks, some of which may not currently be known or knowable at this time and that it has not been determined how prevalent the disease is in the area in which GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. operates. I further understand that if the below named participant(s) exhibit COVID-19 symptoms, he/she/they may not be allowed to participate in GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. 's life skills programs/activities and transportation services/vehicle operation.

I do hereby fully release and forever discharge the GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. , and each of its officers, employees, agents, and volunteers from any and all claims for contraction of illness, injuries, damages, or loss, whether caused by allegedly negligent acts or otherwise, arising out of, connected with, or in any way associated with these programs/activities related to COVID-19, that I or the below named participant(s) may have or which may accrue to me or the participant.

I indemnify and hold harmless GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. , and any of its employees and/or agents from any and all claims from my use of GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. property or participation in any GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. program. I will indemnify and hold harmless the Company, and any of its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from or on behalf of the below named participant(s)'s use of GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. 's property and/or participation in GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. programs to the fullest extent allowed by law.

This is to certify that I, as a representative, parent or guardian of participant with legal responsibility for the participant(s) named below, do consent and agree to his/her/their release as provided above and, for myself, my heirs, assigns, and each participant's involvement or participation in the program as provided above.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Participant Name Printed: _____

Participant Signature: _____

Parent/Guardian/Caregiver Signature: _____

Pathways to Opportunity Staff Signature: _____