I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that [Organization name] has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that [Organization name] cannot guarantee that I will not become infected with the Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to staff, volunteers, and other participants.

I voluntarily seek to participate in the activities run by [Organization name] and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while participating.

I attest that:

* Neither I nor my child are experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste/smell.
* We have not traveled internationally within the last 14 days.
* We have not traveled to a highly impacted area within the United States of America in the last 14 days.
* We do not believe that we have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
* We have not been diagnosed with Coronavirus/COVID-19 or if diagnosed previously with Coronavirus/COVID-19 have been cleared as non-contagious by state or local public health authorities.
* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold [Organization name] harmless from and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself, my child, and/or property that may be caused by any act, or failure to act of the organization, or that may otherwise arise in any way in connection with any services received from [Organization name]. I understand that this release discharges [Organization name] from any liability or claim that I, my heirs, or any personal representatives may have against the organization with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any activities provided by [Organization name]. This liability waiver and release extends to the organization together with all directors, staff, and volunteers.

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Parent Name Date

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Student Name Date