

**ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO
CORONAVIRUS/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the gathering of groups of people.

The Church of St. Francis in the Foothills, Methodist dba International School for Peace (the “School”) has put in place preventative measures to reduce the spread of COVID-19; however, **the School cannot guarantee** that your child or your family will not become infected with COVID-19. Further, **attending the School could increase** your risk, your child’s risk, and your family’s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child, my family, and I may be exposed to or infected by COVID-19 by my child attending the School and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of my child becoming exposed to or infected by COVID-19 at the School may result from the actions, omissions, or negligence of my child and others, including, but not limited to, School employees, volunteers, and other school participants and their families.

I understand that my child must be free from COVID-19 symptoms to attend the School. I also understand that while the School is taking precautionary measures, no amount of precautionary measures will completely protect against transmission of COVID-19. Additionally, I understand asymptomatic people may still be able to transmit COVID-19. Finally, I understand that even with precautionary measures, some people, including but not limited to, other school participants and their families, may not follow the measures and increase the risk of transmission.

I will immediately notify School Management in writing if I become aware of any person with whom my child or I have had contact exhibits any symptoms of COVID-19, is advised to self-isolate or quarantine, or has tested positive for COVID-19.

I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD, MY FAMILY, OR ME (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY FAMILY MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD’S ATTENDANCE AT THE SCHOOL OR PARTICIPATION IN SCHOOL PROGRAMMING (“CLAIMS”). ON MY BEHALF, AND ON BEHALF OF MY CHILD, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE SCHOOL, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, AND COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE

**OF THE SCHOOL, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, WHETHER
A COVID-19 INFECTION OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN
ANY SCHOOL PROGRAM.**

Name of School Participant(s): _____

Signature of Parent/Guardian of Participant: _____

Print Name: _____

Date: _____