



COVID-19 PARENT/STUDENT CONSENT AND RELEASE

The undersigned being the parent or legal guardian of _____, a student enrolled in a program of True Knight Academy has been advised by True Knight Academy that the State of Texas, as well as Fort Bend County and the City of Sugar Land, TX, in accordance with guidance of the Centers for Disease Control (“CDC”) have issued Executive Orders and other recommendations regarding reopening businesses and schools. True Knight Academy contacted me prior to enrollment of my student in any summer “camps” or classes and explained these Executive Orders and recommendations and further explained that action being taken by True Knight Academy to comply. While True Knight Academy has (1) implemented a health check questionnaire related to symptoms and travel; (2) has a policy requiring employees and students to stay home if the employee or student is experiencing any symptoms identified by the CDC as being associated with COVID-19; and (3) has trained employees and will be training students on proper sanitation methods , True Knight Academy is unable to ensure that my student would not be exposed to COVID-19 during his or her participation in True Knight Academy programs.

Having been advised of the recommendations and the risk of exposure to COVID-19, including the risk that infection has resulted in death of exposed individuals in the United States and abroad, I desire to proceed forward with enrolling my student in True Knight Academy program and having my student participate in the same. I agree that it is my responsibility and the responsibility of my student to stay home when experiencing any symptoms associated with COVID-19; and immediately notify True Knight Academy should my student or anyone in my student’s immediate household test positive for COVID-19. I agree that I will not send my student to True Knight Academy if my student has a fever greater than 99.9 degrees or is experiencing a cough. I agree that my student will not return to True Knight Academy until my student is symptom free without medication for at least 72 hours. Because I am making this voluntary decision to enroll my student and allow my student to actively participate in True Knight Academy programs, I, individually and on behalf of my student, heirs, hereby release and hold harmless True Knight Academy from any and all claims, causes of action, and damages arising from or related to exposure to, contamination by or illness arising from COVID-19, which may occur during or as a result of my student’s enrollment and participation in True Knight Academy’s programs.

Signed this ____ day of _____, 20__

PARENT/LEGAL GUARDIAN

Signature: _____

Printed Name: _____

Printed Name of Student: _____

WITNESS

Signature: _____

Printed Name: _____