

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATED TO
COMMUNICABLE DISEASES/COVID-19 (CORONAVIRUS)**

PLEASE READ CAREFULLY AND ENTIRELY. SIGN AND RETURN
TO CACS ON THE FIRST DAY OF SCHOOL

I understand that COVID-19 (Coronavirus) is considered to be extremely contagious and can result in a range of symptoms, which include, but are not limited to, fever, shortness of breath, fatigue, loss of taste or smell, and nausea or vomiting. These symptoms can be mild or severe, sometimes resulting in death.

I acknowledge that COVID-19 is primarily spread by person-to-person contact. A person does not have to be showing signs of illness in order to spread this virus. I understand that the risk of person-to-person spread of the virus is increased by close physical contact with others outside of my household. I acknowledge that attending CACS could increase the risk of transmitting COVID-19.

I affirm that my student(s) has not been diagnosed with, demonstrated any symptoms of or has in any way been exposed to any communicable diseases (including but not limited to the virus commonly referred to as COVID-19) within the past thirty days. I also affirm that my child(ren) will adhere to all safety precautions communicated by the school administration while attending CACS.

By signing this Agreement, I acknowledge that I understand the risks related to COVID-19 and other communicable diseases and understand that the risk of contracting COVID-19 may be increased by attending CACS. I voluntarily assume the risk of allowing my child to attend CACS. I voluntarily agree to assume all risks and accept sole responsibility for any injury or illness up to and including permanent disability or death for my child and/or myself and others arising out of attending CACS. On behalf of myself, my child, and any successor guardian of my child, I hereby release, covenant not to sue, and agree to hold harmless the Clearfield Alliance Christian School, the School Board, its employees, agents, insurers, and representatives for any and all claims, liabilities, harm, damages, costs, or expenses related to any injury or illness, including the contraction of COVID-19, arising out of attending CACS. By signing this Agreement, I acknowledge that I have read the foregoing fully and understand the contents of the Waiver. I acknowledge the risks associated with attending CACS and the possible contraction of COVID-19 or other communicable diseases and desire for my child(ren) to attend CACS.

Print Name of Parent/ Guardian

Date

Signature of Parent/Guardian

Print Name(s) of CACS Students