



COVID-19 Waiver

I, the undersigned, recognize the dangers and health risks associate with the transmission of COVID-19 and other communicable diseases. I, as parent or legal guardian of my child, recognize that exposure to COVID-19 or another communicable disease may occur while my child is in the care of The Clubhouse respite care program.

As such, and to enable the participation of my child in The Clubhouse program, I, the undersigned, for myself, my family, and my child fully assume all of the associated risks associated with The Clubhouse, including the community spread of COVID-19 (the novel coronavirus) and other communicable diseases.

I, IN THE CAPACITY OF PARENT OR GUARDIAN, HERBY DECLARE THAT I HAVE READ, UNDERSTOOD, AND FULLY ACKNOWLEDGE THE CONTENTS OF THIS WAIVER. I FULLY UNDERSTAND THAT I AM FULLY AND COMPLETELY RELEASING, WAIVING , INDEMNIFYING AND DISCHARGING THE CLUBHOUSE AND ITS STAFF, CLIENTS, AND VOLUNTEERS, OF ANY LIABILITY, DAMAGES, CLAIMS AND EACH AND EVERY ACTION BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE CLUBHOUSE, INCLUDING BUT NOT LIMITED TO EXPOSURE TO AND TRANSMISSION OF THE COVID-19 CORONAVIRUS.

I represent that I have full right to sign on behalf of my children and that my signature is binding for all those whom have right to sign for my child.

My Signature confirms that I have read this document and that I understand in full that I am completely waiving, releasing, indemnifying and discharging the Clubhouse of any liability, damages, and each and every action including but not limited to exposure and transmission of COVID-19.

Parent or Guardian Signature: _____

Printed Name: _____

Name of Child: _____

Date: _____