



COVID 19 LIABILITY WAIVER & COMPLIANCE FORM

I acknowledge the contagious nature of the Coronavirus/COVID-19 and the CDC and many other public health authorities still recommend social distancing. I further acknowledge that *Amazing Kids Child Development Center* has taken extraordinary measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that *Amazing Kids Child Development Center* cannot guarantee that my child/children will not become infected with the Coronavirus/COVID-19. I understand 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, center staff, and other center clients and their families.

I voluntarily seek the services provided by *Amazing Kids Child Development Center* and acknowledge acceptance of my child's risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures and policies to reduce the spread while my child/children is/are enrolled at *Amazing Kids Child Development Center*.

I attest that...

- My child/children has/have not had symptoms of fever, fatigue, difficulty breathing, dry cough, or exhibited any symptoms relating to Coronavirus/COVID-19 or any communicable disease within the past 14 days.
- My child/children has/have not, nor any member(s) of my household traveled by sea or air within the past 30 days.
- My child/children has/have not been, nor any member of my household, tested positive with the COVID-19 within the past 30 days.
- My child/children has/have not been, nor any member(s) of my household, exposed to individuals known to be infected with the COVID-19 virus within the last 30 days.

Furthermore, and in accordance with guidance by the Department of Public Health & Social Services, I agree to the following policies regarding COVID-19 exposure...

- My child/children will participate in a 14-day quarantine at home or at a government assigned quarantine facility (as directed by DPHSS) if...
 - tested positive for COVID-19 or...
 - exposed to anyone who tested positive for COVID-19 or...
 - identified by contact tracing as being exposed to a positive COVID-19 case
- If exposed to someone who tested positive for COVID-19, but not identified by contact tracing, my child/children will participate in a 14-day self-quarantine.

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- My child/children will not return to the center and I will notify the center director immediately if positive for, or had exposure to, COVID-19 as stated above.
- If required, I agree to provide a certificate of a negative COVID-19 test for my child/children prior to returning to the center.
- I will follow all directions given by the Department of Public Health & Social Services.

Following the pronouncements above, I hereby declare the following:

With full knowledge of the risks involved, hereby release, waive, discharge *Amazing Kids Child Development Center*, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by child/children relate to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

I agree to indemnify, defend, and hold harmless *Amazing Kids Child Development Center* from and against any and all costs, expense, damages, lawsuits, and/or liabilities arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below, I acknowledge that I have read the foregoing *COVID-19 Liability Waiver and Compliance Form* and understand its contents; that I am at least eighteen (18) years of age and fully competent to give my consent and acceptance; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed with full intention to be bound by the same, and free from and inducement or representation.

This waiver remains in effective until laws and mandates relevant to COVID-19 are lifted.

Parent/Guardian: _____ Relationship: _____

Child Name: _____ Child Name: _____

Child Name: _____ Child Name: _____

Signature: _____ Date: _____