

**GARDEN ISLE DRIVING SCHOOL LLC (GIDS)**

**Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID**

Due to the novel Coronavirus (COVID-19 and all its variants), our business is taking extra precautions with the care of every student to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

GIDS has put in place preventative measures to reduce the spread of COVID; however, GIDS **cannot guarantee** that you or your child(ren) will not become infected with COVID. Further, **attending BTW class could increase** your risk and your child(ren)'s risk of contracting COVID.

By signing this agreement, I acknowledge the contagious nature of COVID and voluntarily assume the risk that my child(ren) and I may be exposed to or be infected by COVID by attending behind-the-wheel instruction. Such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID at GIDS may result from the actions, omissions, or negligence of myself and others including, but not limited to Instructor, program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury, illness, damage, loss, claim, liability, or expense of any kind (including, but not limited to, personal injury, disability, and death) that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance or participation at GIDS. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless GIDS, its employees, and representatives, of all liabilities, claims, actions, damages, 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 GIDS, its employees and representatives, whether a COVID infection occurs before, during, or after participation in GIDS driving program.

Symptoms of COVID include but are not limited to the following:

\*FEVER \*FATIGUE \*DRY COUGH \*DIFFICULTY BREATHING, I agree with the following:

- I understand the above symptoms and affirm that I/my child(ren), as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 5 days.
- I affirm that my I/child(ren), as well as all household members, have not been diagnosed with COVID within the past 5 days.
- I affirm that I/my child(ren), as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID within the past 5 days.

\_\_\_\_\_ Signature of Parent/Guardian

\_\_\_\_\_ Print Name of Parent/Guardian

\_\_\_\_\_ Print Name of Student/Participant

Date: \_\_\_\_\_