

Adventure Christian School Onsite Instruction 2020-2021

COVID-19 RELEASE OF LIABILITY

Forms will only be accepted when ALL FIELDS are complete

Student Name: _____	Phone: _____		
Address: _____	City: _____	State: _____	Zip: _____
Emergency Contact: _____	Phone: _____		

RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND HOLD HARMLESS AGREEMENT

The novel coronavirus, COVID-19, is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

ADVENTURE CHRISTIAN SCHOOL, LLC, ADVENTURE PROPERTY, LLC AND BAYSIDE COVENANT CHURCH, INC., AND THEIR OWNERS, OFFICERS, MANAGERS, DIRECTORS, AGENTS, EMPLOYEES, VOLUNTEERS, OR OTHER REPRESENTATIVES (herein "ACS") cannot prevent you or anyone from becoming exposed to, contracting, or spreading COVID-19. Therefore, if you choose to utilize ACS's services, enter onto ACS's premises, and/or be transported to or from ACS's premises, you may be exposing yourself or your child to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 in order to utilize ACS's services, enter ACS's premises, and/or use ACS transportation. These services are of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize ACS's services and premises in person.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against ACS in connection with exposure, infection, and/or spread of COVID-19 related to utilizing ACS's services, premises, and transportation. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

HOLD HARMLESS: I forever agree to hold harmless ACS in connection with exposure, infection, and/or spread of COVID-19 related to utilizing ACS's services, premises, and transportation. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown,

foreseen or unforeseen.

POLICIES: I have read, agreed to, and informed all family members of this Release of Liability and/or the Adventure Christian School Onsite Instruction Plan 2020-2021 School Year – Preschool and/or Adventure Christian School Onsite Instruction Plan 2020-2021– Elementary & Junior High.

HEALTH GUIDELINES (subject to change): I understand and will comply with the following guidelines. ACS is following the CA COVID-19 and local health department guidelines and requiring that all parents assess their student(s) for COVID-19 symptoms and risk factors EACH DAY before attending ACS Onsite Instruction.

GUIDANCE: I will monitor my health and the health of my child daily. If I answer “yes” to #1 or #2 below, I recognize that my child and I are temporarily not permitted on the ACS campus. If I answer “yes” to #3, #4, or #5, I will evaluate my exposure to COVID-19 and will contact the ACS office to discuss.

#1 Have you/any member of your household had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish", or had a temperature that is elevated to 100.4F or greater?

#2 Have any member of your household had any close contact in the last 14 days with someone with a diagnosis of COVID-19?

#3 Have you/any member of your household traveled internationally or outside of the state in the last 14 days?

#4 Have you/anyone in your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days?

#5 Are you/anyone in your household a health care provider or emergency responder that may potentially have a high level of exposure to COVID-19?

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE FOR **BOTH** MYSELF AND THE ABOVE NAMED CHILD.

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____ Email: _____