

Triumphant Learning Center

COVID-19 Waiver, Release and Assumption of Risk Form

On behalf of myself, my household members and my minor child _____, I acknowledge the extremely contagious nature of COVID-19 and specifically assume all risks and hazards associated with my child's in-person school attendance during the COVID-19 pandemic.

I acknowledge that by attending class in-person, my child will associate with staff and other students and may acquire COVID-19 even with all the precautions and mitigations of COVID-19 established by the school to help prevent the spread of COVID-19.

I understand the school cannot absolutely control student behavior, guarantee that students or their parents will comply with the safety protocols and procedures, or prevent students with COVID-19 from attending school and possibly spreading COVID-19 to my child, directly or indirectly.

I understand that my child's physical attendance at school is wholly voluntary. By permitting my child to attend school during the COVID-19 pandemic, I voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me or other household members.

For physical attendance at school, I certify my child is in good health, COVID-19 symptom free, and has no fever (A temperature of 100.4 degrees Fahrenheit or higher is considered a fever).

I understand that symptoms of COVID-19 include but are not limited to fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle/body ache, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea. I certify that should my child develop such symptoms or any symptoms of illness whether or not I believe it's COVID-19; I will prevent my child from physically attending school. I will notify the school and not allow my child to attend school if my child tests positive for COVID-19. My child and I will follow the COVID-19 protocols and procedures adopted by Triumphant Learning Center.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, the governing board, its insurers, and all respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, or death that may occur to my child, me, or my household members as a result of the COVID-19 pandemic.

I agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claim, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members as a result of COVID-19 pandemic.

Mother/Guardian Name (Printed) _____

Mother/Guardian Signature _____ Date: _____

Father/Guardian Name (Printed) _____

Father/Guardian Signature _____ Date: _____