

Carroll Lutheran School COVID-19 Waiver and Release

Full Name(s) of Student(s):

I, on behalf of my child(ren) and myself, acknowledge and understand that the novel COVID-19 virus is an extremely contagious virus and is believed to be spread mainly from person to person contact. Carroll Lutheran School does not warrant or guarantee that I, my child(ren), my spouse, or anyone else will not be exposed to or infected with the COVID-19 virus as a result of my or my child(ren)'s participation in the educational program and any and all activities provided by Carroll Lutheran School (the "Program"). I have independently evaluated the risks of myself and/or my child(ren) being exposed to or infected by the COVID-19 virus and have determined to participate and allow my child(ren) to participate in the Carroll Lutheran School Program. I agree that I, my child(ren), and my spouse, will follow all CDC guidelines and the rules implemented by Carroll Lutheran School to reduce the spread of the novel COVID-19 virus, including, but not limited to, wearing masks, maintaining an appropriate social distance when possible, and frequent hand washing. Finally, understanding the risk of exposure and infection associated with participating in the Program, I, for myself, my child(ren), my spouse, or legal representatives, heirs, and assigns, hereby agree to assume full responsibility and liability for the risk of bodily injury, illness, permanent disability, and/or death which may result from exposure to or infection with COVID-19 before, during, and after participating in the Program. I agree to notify Carroll Lutheran School if I, my child(ren), my spouse, or any household member experience any known symptoms COVID-19, or are exposed to someone who tests positive for COVID-19, and agree to undergo any testing and/or quarantine that is required by Carroll Lutheran School before returning to the Program.

Parent Permission

I, on behalf of my adult self and/or as parent or legal guardian of the above participant(s), hereby consent to my/her/him participating in this Carroll Lutheran School Program. On behalf of the participant(s) listed above, I accept the waiver of liability and assumption of the provisions of this waiver and release.

Parent and/or Legal Guardian

Date Printed Name Signature

Parent and/or Legal Guardian

Date Printed Name Signature