

SAINT ANDREWS SCHOOL  
COVID-19 WAIVER, RELEASE AND  
INDEMNIFICATION

I THE UNDERSIGNED do hereby affirm, by the execution of this release, that I or my child will be voluntarily participating in the Remote Learning Program at St. Andrews Presbyterian School (SAS) during a time when the viral illness known as COVID-19 is still active. As such, I hereby acknowledge and UNDERSTAND that Coronavirus symptoms may appear 2-14 days after exposure.

Express Assumption of Risk:

I hereby affirm that, to the best of my knowledge as of the signing of this release, I have no physical impairments, injuries, or illnesses that will endanger me or others and have neither been exposed to nor contracted symptoms of the Coronavirus. I have not traveled, within the past 14 days, outside of the USA or to any of the states currently labeled as Coronavirus "hot spots." I further affirm and acknowledge that within the same time frame, neither I, my child, nor my family members have participated in any large gatherings without following the masking and social distancing rules. If any of this information changes, I will inform SAS office and personnel **immediately** and will not return to campus until I have spent 14 days in a period of self-quarantine.

I understand that under Georgia law, there is no liability for an injury or death of an individual entering these premises if such injury or death results from the inherent risks of contracting COVID-19. I am assuming this risk by entering or allowing my child to enter these premises.

Also, I will abide by all SAS rules and guidelines, and I will cooperate in the administration of the logistics for the protection of the parents, staff and children associated with SAS. I understand and I am fully aware that there are risks involved in all aspects of preschool education and care including a risk of contracting the Coronavirus "COVID-19". I am aware that any of these abovementioned risks may result in serious illness for me, my children, or other members of my family. I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any illness that may result from participation in any program, activity or class while at, Saint Andrews Preschool.

Initials:\_\_\_\_\_

Release:

In consideration of the above-mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities and programs offered at SAS. I, the undersigned, hereby release Saint Andrews Preschool and Saint Andrews Presbyterian Church, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above-mentioned parties. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion

of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

I further acknowledge that information for the purpose of monitoring the health and safety of the parents, teachers, staff and children will be collected. Said information will only be used in the event of a COVID infection event. This release acts as a release for the collected information to be reported to the Saint Andrews Church and the public health authorities as may be required by law in the event of an infection event.

Initials: \_\_\_\_\_

Indemnification:

I, the undersigned, hereby recognize and acknowledge that there is risk involved in the types of activities offered by Saint Andrews School. Therefore, I accept full financial responsibility for any injury or illness that may result from my participation in the SAS program. I hereby agree to indemnify and hold harmless Saint Andrews School and Saint Andrews Presbyterian Church, their principals, agents, employees, and volunteers from liability for any illness or injury to any person(s) that may result from my negligent or intentional acts or omissions or by the acts or omissions of any third party while participating in programs offered by SAS anywhere on the facility. This includes but is not limited to parking lots, recreational areas, playgrounds, areas buildings, and/or any area selected program activities or drop off and pick up. I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for illness or injury of any person and damage to property caused by my negligent or intentional act or omission. Said liability shall include the payment of any legal fees and court costs associated with the above.

I understand that by signing this form I am waiving valuable legal rights. This document will remain in full force and effect for the life of the program activity and shall be enforceable by DeKalb County Courts to the extent allowed by law.

Initials: \_\_\_\_\_

\_\_\_\_\_  
Student's Name (Printed)

\_\_\_\_\_  
Parent/Guardian's Name(Printed) (Date)

\_\_\_\_\_  
Parent/Guardian's Name (Signature)