

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

Individual businesses have put in place preventative measures to reduce the spread of COVID-19; however, the Palo Alto Unified School District Work Experience Education Program **cannot assure that these preventative measures are effective.** Further, **holding a job in certain essential services could increase** your risk and your child(ren)'s risk of exposure to COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by holding a job pursuant to obtaining a Work Permit (CDE Form B1-1) from PAUSD Work Experience Education Program and that 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-19 during the course of my child(ren)'s employment may result from the actions, omissions, or negligence of myself and others.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s employment ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless PAUSD Work Experience Education Program, its employees, agents, and representatives, of and from the Claims, including 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 PAUSD Work Experience Education Program, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any PAUSD Work Experience Education Program.

**Signature of
Parent/Guardian**

Date

**Print Name of
Parent/Guardian**

Name of Child