

# FAITH CHRISTIAN ACADEMY

## FACE COVERING *OPT IN* AND WAIVER AGREEMENT

The undersigned, intending to be legally bound, hereby executes this Face Covering Opt IN and Waiver Agreement ("**Waiver**") on behalf of my child, a student at Faith Christian Academy ("**FCA**") and acknowledges, represents, warrants, certifies, covenants and agrees with FCA as follows:

1. An August 31, 2021 Order (the "**Order**") of Alison V. Beam, Acting Secretary of Health, and related guidance provided by the PA Department of Health, provides as follows regarding exceptions to the Face Covering Requirement intended to mitigate the spread of the COVID-19 Virus:

**"Section 3: Exceptions to Covering Requirement.** The following are exceptions to the face covering requirements in Section 2. All alternatives to a face covering, including the use of a face shield, should be exhausted before an individual is exempted from this Order. A. If wearing a face covering while working would create an unsafe condition in which to operate equipment or execute a task as determined by local, state, or federal regulators or workplace safety guidelines. B. If wearing a face covering would either cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition or a disability. C. When necessary to confirm the individual's identity. D. When working alone and isolated from interaction with other people with little or no expectation of in-person interaction. E. If an individual is communicating or seeking to communicate with someone who is hearing-impaired or has another disability, where the ability to see the mouth is essential for communication. F. When the individual is under two (2) years of age. G. When an individual is: (1) Engaged in an activity that cannot be performed while wearing a mask, such as eating and drinking, or playing an instrument that would be obstructed by the face covering; or (2) Participating in high intensity aerobic or anaerobic activities, including during a physical education class in a well-ventilated location and able to maintain a physical distance of six feet from all other individuals. H. When a child/student is participating in a sports practice activity or event, whether indoors or outdoors."

2. Based upon the Order, it is FCA's policy that: (1) any student who cannot wear a mask or face shield due to a medical condition, including those with respiratory issues that impede breathing, a mental health condition or disability, individuals who are communicating or seeking to communicate with someone who is hearing impaired or who has another disability, where the ability to see the mouth is essential to communication, are not required to wear a mask while so communicating; however, such individuals should consider using another type of face covering such as a plastic face shield; and (2) students and staff are permitted to: (A) *opt out* of the face covering requirement by signing a waiver ("**Waiver**") that certifies to FCA that the student or staff member qualifies for one or more of the Order's stated exceptions to the face covering requirement; or (B) *opt in* to the face covering requirement by signing an Opt In Waiver that certifies to FCA that the student or staff member either does not qualify for one or more of the Order's stated exceptions to the face covering requirement, or wishes to comply with the Order regardless of whether the student or staff member so qualifies. The Waiver will be maintained in the student's or staff member's confidential files. Due to medical confidentiality requirements, Waivers will be accepted by FCA on the "honor system." FCA will honor the decision of each student's parent(s) or guardian(s) regarding whether or not their child will wear, or not wear, a face covering, provided only that the decision not to wear a mask is evidenced by a Waiver.

3. The Undersigned has elected to **Opt In** to the Face Covering Requirement on behalf of the Undersigned's child who is a student at FCA. Undersigned hereby certifies to FCA that Undersigned's child does not currently qualify for one or more of the Exceptions to the Face Covering Requirement as set forth in Section 3 of the Order or wishes to comply with the Order regardless of whether the child so qualifies. Undersigned authorizes FCA to take appropriate measures to require that my child wear his or her face covering while at school in accordance with the Order. However, I understand, acknowledge and agree that FCA cannot continuously monitor or strictly enforce the wearing of a face covering by my child, or assure that the face covering is being worn and used properly, and thus the proper wearing of a face covering is ultimately the responsibility of the Undersigned and my child. Teachers are not required to use instructional time to assure that my child is wearing or properly wearing his or her face covering. I understand, acknowledge and agree that other FCA students and teachers have Opted

Out of the Face Covering Requirement and thus will not be wearing masks.

4. The Undersigned hereby waives all Claims against FCA arising out of, or related to: (a) Undersigned's election to Opt In to the Face Covering Requirement; and/or (b) sending Undersigned's child to FCA where other students or teachers may have Opted Out of the Face Covering Requirement. Undersigned indemnifies FCA and holds FCA harmless from and against all Claims or Losses the undersigned may ever have, make, assert or incur arising out of, as a result of, or in any way related to, Undersigned's election to Opt In.

I have carefully read the foregoing Waiver and voluntarily signed same, intending to be legally bound, either on my own behalf (if I am an adult) or on behalf of my child or ward. I have been provided a true and correct copy of this Waiver. This Waiver is a single typed two page document. No modifications, changes, alterations, marginal notations or inter-lineations made, or attempted to be made, to this Waiver shall be valid or binding unless signed or initialed by all parties hereto.

Dated: \_\_\_\_\_, 2021

SIGNATURE OF UNDERSIGNED:

x \_\_\_\_\_  
Print Name of Parent:

\_\_\_\_\_  
Print Name of Child:

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Address: \_\_\_\_\_  
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