



## STRIDE ACADEMY Waiver of-Liability

Given the COVID-19 environment, the **STRIDE Academy School District** is requiring all students participating in activities to adhere to the following safety guidelines and provide the below information in order to reduce the risk or spread of infection. **Parent(s) or guardians must acknowledge the following statements to participate in activities at STRIDE Academy.**

The following activities and programs offered by STRIDE Academy School District, on-site, will be using this waiver. If your student is involved in more than one of the following programs, you need only complete the form once.

### PLEASE INITIAL NEXT TO EACH STATEMENT.

I am providing the following information on behalf of \_\_\_\_\_(student name)

\_\_\_\_ My student has not had contact with anyone confirmed with COVID-19 in the past 14 days. At any point in the future, if I have reason to believe my student has come into contact with someone with COVID-19, I agree to immediately notify **STRIDE staff and keep my student at home.**

\_\_\_\_ My student is not currently experiencing a fever over 100, difficulty breathing, sore throat, cough, loss of taste, or headache. At any point in the future, if my student has any of these symptoms, I will notify **STRIDE staff** immediately. I agree to not allow my student to participate in any **activity with** these symptoms and will wait at least seven (**7**) days after symptoms have subsided to return to training or provide **STRIDE** with a COVID-19 negative test confirmation.

\_\_\_\_ My student has not had any of the following symptoms in the last 14 days: fever greater than 100 degrees, difficulty breathing, sore throat, cough, loss of taste, or headache.

If your student has any of the following underlying health conditions or your student lives with someone with these conditions, it is recommended that they do not take part in this summer program:

- \* Chronic heart disease \* Chronic lung disease \* Chronic kidney disease \* Moderate to severe asthma
- \* Obesity \* Diabetes
- \* Reside with a family member with high-risk underlying conditions \* Other underlying conditions

I have read the information and answered the questions above to the best of my ability. I agree to continue to adhere to the above safety guidelines as long as **my student** participates in the **STRIDE Activities**.

IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO CHECK THEIR STUDENT PRIOR TO ATTENDING **STRIDE** PROGRAMS, FOR SYMPTOMS OF COVID-19, STRIDE STAFF WILL MONITOR STUDENTS DURING PROGRAMMING FOR SYMPTOMS.

### **Assumption of Risk and Waiver of Liability Relating to COVID-19**

The novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person contact. However, there remain many unknowns about COVID-19, how it spreads, and its impact on a student.

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 attending **STRIDE activities** and that such exposure or infection may result in severe illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at **STRIDE Activities** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, **STRIDE** employees, contractors, volunteers, and program participants and their families.

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 attendance at **STRIDE Academy** or participation in **STRIDE activities** ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless **STRIDE Academy**, 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 his release includes any Claims based on the actions, omissions, or negligence of **STRIDE Academy**, its employees, contractors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any **STRIDE activities**.

Please fill out this form separately for each student you have participating in our programs.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_