

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND WAIVER OF LIABILITY

READ BEFORE SIGNING

In consideration of the permission to _____ (“Student”) to attend The Hill School (the “School”), participate in School activities, and be present on the School campus, despite Student’s not having received primary series vaccination against COVID-19, I/we, the undersigned, as parent(s) and/or natural guardian(s) for Student, acknowledge and agree that:

1. I/we KNOWINGLY AND FREELY ASSUME ALL SUCH COVID-19 RISKS, both known and unknown, from attendance at the School, participation in School activities, and presence on the School campus, EVEN IF THE RISKS ARISE FROM THE NEGLIGENCE OF any other individual or entity.
2. I/we seek an exemption from the COVID-19 vaccination expectation for Student based on (check one):
 - Medical contraindication as advised by Student’s healthcare provider
 - Sincerely held religious objection
 - Philosophical objection
3. A student granted an exemption may necessarily be recognized by others in the community as being unvaccinated. It is not the intention of the School to make vaccination status known or to allow vaccination status to be known. However, it is not possible to ensure complete privacy regarding vaccine status in all circumstances. To ensure operation of the School, vaccination status may need to be shared with select Hill employees and students on a “need to know” basis. The family assumes this risk as well.
3. I/we, on our own behalf and on behalf of Student, our and Student’s heirs, assigns, personal representatives and next of kin, HEREBY WAIVE ANY CLAIM OF LIABILITY AGAINST, RELEASE, INDEMNIFY, AND HOLD HARMLESS, The Hill School, its officers, agents, employees, and its and their successors and assigns (collectively “Releasees”), (a) WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE to person or property associated with the contracting of COVID-19 or the communication of COVID-19 to others, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, and (b) with respect to any additional requirements or loss of privacy discussed in this document, to the fullest extent permitted by law. This waiver and release shall include a waiver of subrogation against Releasees.
4. This Acknowledgement of Risk and Waiver of Liability shall be governed by the laws of the Commonwealth of Pennsylvania.

I/WE HAVE READ THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY. I/WE FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Witnessed

Parent Signature(s)

Print Name _____

Print Name(s)

Date: _____

Witnessed:

Student Signature (if over 18)

Print Name _____

Print Name _____

Date: _____