

CHILD's NAME: \_\_\_\_\_ DOB: \_\_\_\_\_



## COVID-19 Pandemic 2021-22

### Acknowledgement, Agreement and Waiver of Liability

I acknowledge the contagious nature of COVID-19 and I voluntarily assume the risk that, by attending the School At North Decatur ("SAND"), I, my children and my family could be exposed to or infected by COVID-19 or another health condition. I acknowledge that the risk of COVID-19 exposure and infection may result from activities prior to coming to SAND yet are asymptomatic. I also acknowledge the risk of becoming exposed to or infected by COVID-10 may result from actions, omissions, or negligence of others, including, but not limited to employees, volunteers, or members of SAND or North Decatur United Methodist Church, Inc. ("Church"), or other enrolled children, families or participants. I agree to assume all the foregoing risks, and waive liability against SAND and any other listed parties, and accept sole responsibility for any illness, injury or disability to me, my children or my family, including all claims that may arise resulting from and of these and agree to indemnify, defend, and hold harmless SAND and the Church for any damage arising directly or indirectly from COVID-19 or another health condition. I am signing this document for myself and my children as to any facility usage for the SAND, to include all property, buildings and grounds.

I acknowledge that we are in the middle of a global pandemic and there is a risk that, by attending SAND, I or my children could contract COVID-19 or another health condition. I am fully aware of the risks and dangers of such attendance. I understand that attendance is voluntary, and that SAND will not be held liable in any manner for my or my children's usage or any personal injury or illness to me or my children as a result of the usage of any facility of SAND and/or the Church. I am signing this document for myself and my children as to any facility usage on SAND and /or the Church property to include all buildings and grounds. I understand that under Georgia law (O.C.G.A. § 51-16-3), 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. You are assuming this risk by entering these premises.

**This document must be initialed and signed by both parents (if applicable). Please read and initial each statement:**

\_\_\_\_\_ I understand that during this COVID-19 Public Health Emergency these procedures are in place for the protection and safety of all persons present in the facility and to limit, to the extent possible, risk of exposure. I understand that it is my responsibility to inform all my child's Emergency Contacts of the information contained in this document.

\_\_\_\_\_ I agree to provide SAND with accurate health information for my child(ren) and updated contact information for myself and my child(ren)'s Emergency Contacts before the start of the 2021-2022 school year.

\_\_\_\_\_ I understand that IF I enter the facility beyond the designated drop-off and pick-up area I will be subject to screening for COVID-19 symptoms and may be denied entry if exhibiting any indications of sickness. Upon entry, I must wash my hands and wear a mask throughout the duration of my visit. While in the facility I must practice social distancing and remain six feet away from all other people, except for my own child(ren).

\_\_\_\_\_ I understand that to enter the facility to attend classes my child must be free from COVID-19 symptoms. (See Appendix) My child will be screened upon arrival and will be sent home immediately if exhibiting any signs of the illness. If, during the day, my child exhibits any of the symptoms of COVID-19 my child will be separated from the rest of the people at SAND school. I will be contacted and my child MUST be picked up within an hour of being notified.

\_\_\_\_\_ I understand that my child's temperature may be taken throughout the day while on the premises.

\_\_\_\_\_ I understand that all children will be required to wash their hands using CDC recommended hand washing procedures throughout the day, using warm running water while rubbing with soap for at least 20 seconds.

\_\_\_\_\_ I understand that SAND is making every effort to eliminate my child's exposure to COVID-19 but cannot guarantee that the facility will remain COVID-19-free or that my child will not be exposed to the virus while on the campus. I will make every effort to help maintain the safety of the facility and everyone within by complying with any and all state, county and local orders pertaining to the COVID-19 pandemic and limiting its spread.

\_\_\_\_\_ I will immediately notify SAND administration if I become aware of any person with whom my child(ren) or I have had contact exhibits any of the symptoms listed in the Appendix, is advised to self-isolate, quarantine or has tested positive for, or is presumed positive for COVID-19. I will immediately notify SAND administration if anyone from my place of employment is presumed or tests positive for COVID-19 whether or not I have had direct contact with that person.

\_\_\_\_\_ I understand that while present in SAND each day my child will be in contact with children, families, and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100 percent of the risk of exposure to COVID-19. The virus can be transferred by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and in reducing the risk of exposure by following the provisions contained herein.

\_\_\_\_\_ I understand that due to the continuing financial obligations related to operating SAND, there will be no suspension, reduction or refund of tuition due to COVID-19 related issues.

I, \_\_\_\_\_ certify that I have read, understand and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with these provisions, or with any other policy or procedure outlined by SAND may result in termination of services. I acknowledge that my child(ren)'s enrollment will be terminated if it is determined that my actions or lack of action unnecessarily exposes another student, employee or family member to COVID-19.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Parent's Name \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SAND Representative

\_\_\_\_\_  
Date

## Appendix

This is in no way intended to be an exhaustive list of COVID-19 symptoms. As it is a novel virus, scientists and physicians continue to identify new symptoms as time goes on. Any new symptoms identified during the duration of the school year should be assumed to be included on this list.

COVID-19 Symptoms include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear two to seven days after being infected so please take them seriously. Your child(ren) will need to be symptom-free without any medications for 72 hours before returning to SAND.

7/29/21