

**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/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. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The undersigned acknowledges that novel coronavirus (Covid-19) infections have been confirmed throughout the United States, including cases in Tuscaloosa, Alabama.

IN CONSIDERATION for being permitted to utilize the services and facilities of VALLEY VIEW PRESCHOOL (“Center”) THE UNDERSIGNED INDIVIDUALLY OR AS A PERSONAL REPRESENTATIVE TO HIMSELF, HIS HEIRS, ASSIGNS AND NEXT OF KIN ACKNOWLEDGE, AGREE, AND REPRESENT THE FOLLOWING:

The Center has put in place preventative measures to reduce the spread of COVID-19; however, the Center **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the Center could increase** your risk and your child(ren)’s risk of contracting 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 ATTENDING THE CENTER 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 at the Center may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Center employees, 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 THE CENTER (“CLAIMS”). On my behalf, and on behalf of my children, **I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE CENTER, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES (“RELEASEES”), 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 the Center, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending the Center.

I acknowledge I have been provided and read the rules concerning the Center as they relate to Covid-19. Further, I agree to follow the rules.

I HEREBY AGREE TO IDEMNIFY AND HOLD HARMLESS THE RELEASEES AND EACH OF THEM FROM ANY LOSS, LIABILITY, DAMAGE OR COST (including attorney's fees) THEY MAY INCUR DUE TO MY OR MY CHILD(REN)'S PRESENCE AND ARISING OUT OF, OR RELATED TO, ATTENDING THE CENTER WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE STATED TERMS.

Name of child

Date

Parent or Guardian

Printed name of parent/Guardian