



BISHOP MCMANUS ACADEMY COVID-19 WAIVER

By signing this form, I, _____, the parent/guardian gives my child, _____, written consent to enroll and participate in the school program at Bishop McManus Academy for the 2020-2021 school year.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result. BMA will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at school. However, even though such standards will be followed, and reasonable measures put into place, BMA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending classes at BMA could increase your risk and your child(ren)'s risk of contracting COVID-19.

I fully understand the health measures that will be in place prior to my child being allowed to enter the school buildings daily. I understand that my child will not be allowed to enter the school buildings if he/she fails any of the initial screening checks. I fully understand that there is no guarantee that my child will not be in contact with another student/adult who has contracted or been exposed to COVID-19. Therefore, I assume all risk of exposure to COVID-19 and release Bishop McManus Academy from all liability when I enroll my child at for the 2020-2021 school year.

In consideration for my child to enroll at BMA, I hereby agree to release from liability, waive my right to sue, indemnify, and hold harmless BMA, its affiliated entities, and their officers, employees, agents, and volunteers from any and all claims, damages, costs, demands or any expenses that may arise out of my child's attendance during the 2020-2021 school year.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by enrolling my child(ren) in school 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 BMA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, BMA employees, volunteers, and program participants and their families.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, hold harmless, and defend BMA. I have carefully read this form and understand that this form is a release of liability and consent form.

Student's full name

Student's date of birth

Student's full name

Student's date of birth

Parent/Guardian's signature

Date

Printed name of Parent/Guardian

Relationship to student