ACKNOWLEDGEMENT OF RISK AND WAIVER OF CLAIMS

Dear Parents and Guardians:

We are looking forward to resuming in-person instruction in Network schools during August. The Network will offer virtual instruction for its summer (June/July) program and begin phasing in activities and athletic programming in July.

The Network will take recommended precautions to prevent or limit the spread of COVID-19. Specifically, Confluence Academies have:

- Increased sanitation methods throughout all schools; custodial and maintenance staff have received specific training relative to best methods and are using CDC recommended guidelines
- Provided personal protective equipment (PPE) to all patrons, staff, and students and made available upon request
- A plan for installed protective glass at main offices/entrances to limit exposure and promote social distancing
- Consulted with Missouri health department officials to remain in consistent communication regarding updates

Despite these precautions, the Network cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending school on Network premises could increase your risk and your child(ren)’s risk of contracting COVID-19. Therefore, if you would like your child(ren) to attend school or programming on our premises, you must initial and sign the attached acknowledgement of risk and waiver of claims.

1. 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 school on Network premises, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. _____ (initial)

2. I understand that the risk of becoming exposed to or infected by COVID-19 at school may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Network employees, volunteers, and program participants and their families. _____ (initial)

3. 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, illness, death, damages, loss, or expense of any kind (“Claims”), that I or my child(ren) may experience or incur in connection with my child(ren)’s in-person attendance and participation in the Network’s program. _____ (initial)
4. On my behalf, and on behalf of my child(ren), I hereby release, promise not to sue, discharge, and hold harmless the Network, its employees, agents, and representatives, of and from all Claims, including all liabilities, damages, costs, or expenses of any kind arising out of or relating thereto. _____ (initial)

5. I understand and agree that this release includes Claims based on the actions, omissions, or negligence of the Network, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the Network’s on-site program. _____ (initial)

6. I acknowledge that on-site participation in the Network’s school program is voluntarily, and that my child(ren) may receive instruction virtually, rather than in-person, thereby greatly reducing the risk of COVID-19 infection. _____ (initial)

I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY UNDERSTAND ITS CONTENTS AND SIGN IT FREELY AND VOLUNTARILY

Parent/Guardian Name: _________________________________________________________
(or student name if 18 years of age or older)

Daytime phone: ___________________________ Email: ___________________________

Address: ________________________________________________

Signature: ___________________________ Date: ___________________________
