Salado Montessori COVID-19 Liability Waiver

In my capacity as parent or legal guardian, I acknowledge the contagious nature of COVID-19, as well as the risks and dangers associated with the transmission of and exposure to COVID-19.

I further acknowledge that while Salado Montessori has put in place preventative measures to reduce the spread of the COVID-19, exposure to COVID-19 could occur while my child participates in activities at Salado Montessori.

I voluntarily enroll my child at Salado Montessori and fully assume all of the risks associated with my child’s participation, including the possibility of COVID-19 spread.

My signature below is confirmation that I voluntarily waive, release, indemnify, and discharge Salado Montessori and its officers, directors, staff, and volunteers from any and all liability damages, and each and every action (collectively, “claims”) by attending Salado Montessori including, but not limited to, exposure or transmission of COVID-19.

Further, I agree to comply with all set procedures Salado Montessori has put into place to reduce the spread of COVID-19.

My signature is also confirmation that for every day that I send my child to Salado Montessori, I attest the following to be true:

* My child is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
* My child has not traveled internationally within the last 14 days.
* My child has not had close contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, someone who is under investigation for COVID-19, or someone who is ill with a respiratory illness.
* My child has not been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities.
* My family is following all CDC recommended guidelines as much as possible and limiting our exposure to the COVID-19.

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of child(ren):­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_