



## Assumption of Risk and Waiver of Liability Relating to COVID-19

Given the COVID-19 environment, First Impressions Academy is returning to in-school learning starting September 7<sup>th</sup> 2021. FIA is requiring all students attending school to adhere to the following safety guidelines and provide the information below in order to reduce the risk or spread of infection. Parent(s) or guardians must acknowledge the following statements to participate in school and after school activities at First Impressions Academy. A signed document is required for each student prior to attending their first day of school.

\* \* \* \* \* PLEASE INITIAL NEXT TO EACH STATEMENT.

I am providing the following information on behalf of \_\_\_\_\_  
(student name)

\_\_\_\_ My student has not had contact with anyone confirmed with COVID-19 in the past 14 days. At any point in the future, if I have reason to believe my student has come into contact with someone with COVID-19, I agree to immediately notify FIA staff and keep my student at home for a min of 10 days or until I have received Negative COVID results.

\_\_\_\_ My student is not currently experiencing a fever over 100, difficulty breathing, sore throat, cough, loss of taste, or headache. At any point in the future, if my student has any of these symptoms, I will notify FIA staff immediately. I agree to not allow my student to participate in school or afterschool activities with these symptoms and will wait at least seven (7) days after symptoms have subsided to return to school or provide FIA with a COVID-19 negative test confirmation.

\_\_\_\_ My student has not had any of the following symptoms in the last 14 days: fever greater than 100 degrees, difficulty breathing, sore throat, cough, loss of taste, or headache. If your student has any of the following underlying health conditions or your student lives with someone with these conditions, it is recommended that they do not attend school for in person learning: • Chronic heart disease • Chronic lung disease • Chronic kidney disease • Moderate to severe asthma • Diabetes • Reside with a family member with high-risk underlying conditions • Other underlying conditions

\_\_\_\_ I understand that I will face legal and financial penalties if I knowingly send my student to school with COVID symptoms or have been in contact with someone who has presented with COVID symptoms, has been exposed to or is waiting for results for COVID. The same penalties will apply if I do not adhere to the safety guidelines set forth by First Impressions Academy to ensure the safety of all students and staff.

\_\_\_\_ I understand FIA's policy that if my family travels out of state, we will take extra precautions so as not to put the students/staff at school at risk. My student will be required to complete schoolwork at home while out of school. If I choose not to adhere to the safety precautions listed in the COVID procedures letter, and put FIA's staff and students at risk due to traveling out of state, I may be liable for a financial penalty up to but not exceeding \$1000.00.

\_\_\_\_ I have read the information and answered the questions above to the best of my ability. I agree to continue to adhere to the above safety guidelines as long as my student attends school and activities at First Impressions Academy.

IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO CHECK THEIR STUDENT PRIOR TO ATTENDING FIA FOR SCHOOL EACH DAY, FOR SYMPTOMS OF COVID-19. FIA STAFF WILL MONITOR STUDENTS DURING THE SCHOOL DAY FOR SYMPTOMS.



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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. However, there remain many unknowns about COVID-19, how it spreads, and its impact on a student.

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 and after school activities at First Impressions Academy and that such exposure or infection may result in severe illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at FIA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, FIA employees, visitors, students 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 First Impressions Academy or participation in First Impressions Academy full day care and/or afterschool activities ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless First Impressions Academy, its employees, agents, and representatives, 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 First Impressions Academy, its employees, contractors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any First Impressions Academy program.. I agree to follow the FIA Health policies detailed above and not send my child to school as per guidelines established by the CDC and specified on the School Screening form.

***Please fill out this form separately for each student you have participating in our programs***

Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Parent Email \_\_\_\_\_ Parent Phone \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Grade (for 2021/2022) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Parent (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

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