

**WILSON BOROUGH CHILDCARE ACADEMY & LEARNING CENTER, LLC
ACKNOWLEDGEMENT OF RISK, WAIVER & RELEASE**

I, _____ am the PARENT / LEGAL GUARDIAN of my CHILD / CHILDREN _____.

By my signature below, I certify that I have read, I understand, and I agree to the following:

(Initials) **CORONAVIRUS / COVID-19 WARNING & DISCLAIMER.** I understand and acknowledge that COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact and that COVID-19 can lead to severe illness, personal injury, permanent disability, and death.

(Initials) I understand that my child's enrollment and attendance at the Palmer Childcare Academy & Learning Center may increase the risk of my child or someone in my family contracting COVID-19.

(Initials) I understand that the Palmer Childcare Academy & Learning Center has undertaken the following CDC and state-compliant mitigation measures to reduce the risk of COVID-19 infection:

- Conducting health screening prior to admission of staff and children every day;
- Requiring all staff to wear masks;
- Requiring that all children age 2 and older have a mask provided by their parent or guardian and wear the same as feasible and tolerated, but never when napping, exercising or eating;
- Requiring staff to wear gloves during activities involving direct contact with children;
- Requiring all staff to use and ensure the safe and supervised application and use of hand sanitizer for children as necessary, keeping hand sanitizer out of the reach of children at all times;
- Designing pick-up and drop-off procedures to comply with social distancing practices;
- Prohibiting visitors to the facility;
- Admitting necessary visitors only with a mask after health screening;
- Sanitizing property and supplies before daily use and in between uses as necessary.

(Initials) I agree to comply with these and any other mitigation guidelines set forth by the Palmer Childcare Academy & Learning Center. I further understand and agree that these CDC and state-compliant mitigation efforts do not warrant against the risk of contracting COVID-19.

(Initials) Due to COVID-19 mitigation efforts, I agree not to send my child to the program if my child or anyone in my family is exhibiting potential virus symptoms (including but not limited to: fever, cough, shortness of breath or difficulty breathing, fatigue, muscle or body ache, headache, loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, diarrhea) and I understand and agree that my child will not be admitted or will be sent home if he/she displays some or all of these symptoms.

(Initials) **WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE.** In consideration of my child's enrollment and attendance at the Palmer Childcare Academy & Learning Center, I, on behalf of myself, my child, my heirs, representatives, executors, administrators, and assigns, DO HEREBY RELEASE the Palmer Childcare Academy & Learning Center, and their officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any and all liability, claims, demands, actions, and causes of action on account of personal injury, property damage, death or accident of any kind (with the sole exception of claims based on acts of negligence on the part of the Releasees), arising out of or in any way related to exposure to or contraction of Covid-19.

Signature of Parent/Legal Guardian _____ Date _____