



**ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19
RETAIN THIS FORM FOR YOUR RECORDS**

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. The health of our students, staff and families are of the utmost importance and we are taking measures to provide a safe environment for all individuals under our charge.

Highpoint Academy has put in place numerous preventative measures to reduce the spread of COVID-19. All students and staff members entering our facility will be required to undergo a screening which includes a temperature check and questionnaire.

Highpoint Academy cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Highpoint Academy could potentially increase the risk of you or your child contracting COVID-19.

By signing this Agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you and your child(ren) may be exposed to or infected by COVID-19 by attending Highpoint Academy 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 Highpoint Academy may result from the actions, omissions, or negligence of yourself and others, including, but not limited to, Highpoint Academy employees and program participants and their families.

I also agree to:

- ✓ Send my child to school wearing a facial mask.
- ✓ Keep my child at home if he/she has a fever of 100.4 (CDC Guidelines) or higher, or has COVID symptoms
- ✓ Grant permission to Highpoint Academy to screen my child each day for a fever before allowing entry to the school. I agree to take my child home if a fever is detected during the daily screening.
- ✓ Inform the school if I have given my child medication for illness within the last 24 hours.
- ✓ Inform the administration of Highpoint Academy if I answer YES to any of the questions on the Active Screening Questionnaire. I am aware that if I answer yes to any of the questions, my child will not be allowed into the school.

COVID-19

ACTIVE SCREENING QUESTIONNAIRE

1. Within the last 14-days, have you experienced a new cough that you cannot attribute to another health condition?

YES NO

2. Within the last 14-days, have you experienced new shortness of breath that you cannot attribute to another health condition?

YES NO

3. Within the last 14-days, have you experienced a new sore throat that you cannot attribute to another health condition?

YES NO

4. Within the last 14-days, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?

YES NO

5. Within the last 14-days, have you had a temperature at or above 100.4° or the sense of having a fever?

YES NO

6. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?

(Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes)

YES NO

If you answer YES to any of the questions, your child will not be allowed into the school



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SIGN AND RETURN TO THE SCHOOL**

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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 Highpoint Academy or participation in Highpoint Academy programming.

On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Highpoint Academy, its officers, employees, agents, and representatives, from 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 Highpoint Academy, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Highpoint Academy.

Student Name	
Parent/Guardian Name	
Parent/Guardian Signature	
Date	