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**COVID**

 **Assumption of Risk, Release and Hold Harmless Waiver**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have enrolled my child,

 (parent’s name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at ILCA for the \_\_\_\_\_\_\_\_\_ school year.

 (child name/s)

 I know and understand the risks of COVID and its variances: it has been declared a world-wide pandemic and believed to be very contagious. ILCA will follow the measures given by the Center for Disease Control at this time: washing of hands, social distancing, and sanitizing of the building and wearing of masks. The Daily Health Screening and taking of temperatures will take place when mandated.

 I voluntarily assume all risks that I (my representative), my child(ren), and/or family members may be exposed to as a result of attending ILCA and participating in any of its activities -exposure or infection may result in personal injury, illness, sickness, and/or death.

To keep our students healthy and by signing below I agree to the following:

1. Visually inspect my child(ren) for any signs of illness.
2. Confirm that my child(ren) has not been in contact with someone who has tested

 positive within the last 14 days or waiting for results.

1. If my child(ren) becomes ill at school, a parent will be contacted, and the child must be

 picked up within the hour.

1. The child must remain at home until all signs of illness are gone.

By signing this waiver, I hereby forever waive, release, and hold the ILCA school board and its employees, and agents harmless from all claims, suits, actions, liability, judgments,

attorneys’ fees, costs, and any expenses of any kind resulting from injuries, and damages that I (my representatives) and/or my child(ren), sustained during or related to my child’s/children’s involvement/participation at ILCA and its activities.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature (5th and above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_