



Facial Covering Exemption Form, Waiver, and Release of Liability

In consideration of the opportunity for my child to participate in full in-person classroom activities at Juniata Christian School ("School"), I hereby agree to the following Classroom Facial Covering Exemption Form, Waiver, and Release of Liability:

I hereby consent to allow my child to participate in full in-person classroom activities at School without a facial covering.

I understand that there will be other students in close proximity to my child in the classroom who are also not wearing facial coverings.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child, myself, any family members in close proximity to my child, and those in physical contact or close proximity to my child may be exposed to or infected by COVID-19 by attending School and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand and assume that the risk on behalf of my child and myself of becoming exposed to or infected by COVID-19 that may result from the actions, omissions, or negligence of myself and others, including, but not limited to, school employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child 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 may experience or incur in connection with my child's participation in in-school programming.

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the school, its employees, agents, and representatives, of and 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 School, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in school activities.

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I/We have read and understood the above Classroom Facial Covering Exemption, Waiver, and Release of Liability and agree to abide by the terms and conditions outlined therein.

Child's Name: _____

Parent signature 1: _____

Parent signature 2: _____

Date: _____