

WAIVER OF LIABILITY AND HOLD HARMLESS FOR COVID-19

Student Name: _____

Grade: _____ Home Phone: _____

Address: _____

Parent(s)/Guardian(s) Names: _____

Parent/ Guardian phone: Work: _____ Home: _____ Other: _____

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. While the State of Illinois, including the Department of Public Health and the State Board of Education, has issued rules, guidance, and personal discipline intended to reduce this risk which the District is following, the risk of serious illness and death does exist. **Liberty CUSD#2 (“District”) cannot completely mitigate the transfer of COVID-19, during in-person learning at District facilities, especially when involved in [sport or activity]. In addition, the District is offering education through two learning models: in-person or remote learning. By choosing the in-person option for the education of your child, you understand that in-person attendance includes possible exposure to and illness, injury, or death from COVID-19.**

In consideration for providing my child the opportunity to access an in-person education and any related transportation to and from school, both my child and I voluntarily agree to waive and discharge any and all claims against District and release it from liability for any exposure to or illness or injury from COVID-19, including claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless the District, its Board of Education, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from COVID-19, which may result from or in connection with my child’s attendance at school in-person.

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in and attend in-person learning, the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release District from all liability for any loss arising from, related to and/or caused by COVID-19.

Parent/Legal Guardian Signature

Date

Student Signature (if 18 or older)

Date