

PARENT & STUDENT WAIVER

List student's name(s): _____

Location: Calvary Murrieta Christian Academy/Calvary Murrieta Christian School ("School")

I, _____ (Parent / Legal Guardian), understand and agree to the following:

1. I understand that the COVID-19 Pandemic requires additional guidelines, policies, and guidance within the School.
2. I understand that the School will take steps and enact policies to protect myself and my child, but that the School cannot guarantee that my family will not contract COVID-19.
3. I will inform the School and refrain from bringing my child to school and/or activities if they are exhibiting any of the following symptoms that the CDC recognizes as being associated with COVID-19 including but not limited to, fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, headache, sore throat, or new loss of taste or smell, and will continue to attend services online until fourteen (14) days after the cessation of the above referenced symptoms. Moreover, I agree to inform the school and keep my child at home in the event that a member of our immediate household has COVID-19 or is exhibiting any of the above referenced symptoms from COVID19.
4. I understand that I and my child are required to wear a mask, and will wear a mask, unless we are "exempt" from wearing a mask. I further understand that masks are mandatory even when I or my child are outdoors in a public space and when maintaining physical distancing from other persons is not possible.
5. I further understand that by sending my child to the School for in person class and/or events, that they may be exposed to individuals with COVID-19.
6. I understand that the School must follow Federal, State, and Local laws which may change from time to time.
7. I understand that if anyone in my immediate household is exposed to an individual with COVID19, are ordered to quarantine by a government entity or medical provider, or test positive for COVID-19, the student is unable to physically attend school on campus and/or events for a period of 14 days.
8. I understand that individuals with COVID-19, including staff, can be asymptomatic and unable to self-diagnose or otherwise disclose the potential for infecting others; and
9. I understand that any information relating to COVID-19, including this confidential declaration, will be safeguarded by the School and protected from unauthorized uses. As consideration for being permitted to send my child to CMCS classes and/or CMCA events, I forever release the school, its staff, employees, teachers, volunteers, contractors, representatives, and its board from any and all liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, or my heirs may have.

Parent – Print Name

Parent – Signature

Date: _____