



### **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

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. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Greek Language School of the Annunciation (Buffalo) has put in place protective measures to reduce the spread of COVID-19; however, the Greek Language School of the Annunciation (Buffalo) cannot guarantee that you or your child(ren) will not become infected with COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and on behalf of myself, my child(ren), my and spouse/co-parent of child(ren) voluntarily assume the risk that my child(ren) and I, and any member of my family, may be exposed to or infected by COVID-19 by attending the Greek Language School of the Annunciation (Buffalo) 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 while at the Greek Language School of the Annunciation (Buffalo) may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Greek Language School of the Annunciation (Buffalo) employees, agents and representatives, volunteers, program participants and their families and/or any other individual who may be present upon school property or in attendance at any school activity.

I voluntarily agree to assume, on behalf of myself, my child(ren), and my spouse/co-parent of child(ren) all risks and accept sole responsibility for any injury to my child(ren), myself and any member of my family, (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my child(ren) and/or members of my family may experience or incur in connection with my child(ren)'s attendance in activities or participation in the Greek Language School of the Annunciation (Buffalo) programming ("Claims").

On my behalf, and on behalf of my children and/or members of my family, I will advance no claim and I hereby release, covenant not to sue, discharge, defend, indemnify and hold harmless the Greek Language School of the Annunciation (Buffalo), its employees, agents, and representatives, of and from the Claims, including 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 the Greek Language School of the Annunciation (Buffalo), its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Greek Language School of the Annunciation (Buffalo) activity.

Additionally, it should be noted that the laws of the State of New York provide for numerous immunities for schools should something occur to a student or to the family of a student as a result of activities on school property. In addition to this Agreement, these immunities remain intact.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to all parties, we are conducting a simple screening questionnaire with this waiver. Your participation is important to help us take precautionary measures to protect you, your Child(ren) and everyone on campus. Please circle your answers.

1. Has your child had close contact with or been diagnosed with COVID-19 within the 30 days? \*\*

YES NO

2. Has your child experienced any of the symptoms below in the last 14 days? \*\*  
(fever, chills, cough, sore throat, respiratory illness, difficulty breathing, or loss of taste or smell)

YES NO

3. If my Child(ren) develop(s) any of the above symptoms I will keep them home, notify the District's Administration and the Coach and seek medical care to obtain a physician's note stating it is safe to return to participation.

YES NO

\*\* If the answer is "yes" to questions 1 or 2, access to school activity will be denied until a physician's note is delivered to the Director.

\_\_\_\_\_  
Signature of Parent/Guardian Date

Print

\_\_\_\_\_  
Name of Parent/Guardian Name of Student(s)

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Parent/Guardian Date

Print

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Name of 2<sup>nd</sup> Parent/Guardian Name of Student(s)