Acknowledgment of Risk Relating to COVID-19

I, ________________________________, as parent/guardian of ________________________________ (“my son(s)”), understand and acknowledge the following:

The novel coronavirus, Coronavirus Disease 2019 (COVID-19), which causes respiratory illness in people, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is 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 discouraged the congregation of large groups of people.

St. Joseph’s Preparatory School (the “School”) will resume its on-campus operations beginning on August 31, 2020. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that accordingly, official public guidance is regularly modified and updated, and I accept full responsibility for familiarizing myself, my son(s), and my family with the most recent updates, as well as the changing conditions in our community, and all state and local orders. I understand that the decision to send my son(s) to the School is entirely voluntary on my part.

I understand that, as the School resumes on-site operations, the School has put in place preventative measures to reduce the spread of COVID-19. I am aware of and fully understand that the School cannot guarantee, even with the steps it is taking, that my son(s) or myself will not be exposed to COVID-19. By voluntarily choosing to bring my son(s) to campus, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my son(s) or I could be exposed, infected, or re-infected by COVID-19 by attending School and participating in various School activities, and that such exposure or infection may result in severe illness, permanent disability, or death. I further acknowledge that the risk of becoming exposed to or infected by COVID-19 at School could result from the actions, omissions, or negligence of myself and others, including, but not limited to, other children and their families, School employees, volunteers, or other third parties. I recognize that there is still a risk of contracting the virus, particularly in group settings, even if I follow precautions designed to lower the risk of infection.

By sending my son(s) to the School, I knowingly and voluntarily accept and assume the risk of potential exposure to, and infection of, COVID-19, and the associated risks set forth herein. I understand these risks and willingly choose to accept them.

I also understand and acknowledge that I shall not send my son(s) to school if he/they is/are experiencing any symptoms associated with COVID-19, including but not limited to fever, sore throat, shortness of breath, chills, muscle pain, new loss of taste or smell, gastrointestinal symptoms (like nausea, vomiting, or diarrhea), and cough I understand
that if my son(s) is/are experiencing any symptoms once dropped off, I will be contacted and I am expected to come and pick him/them up.

I have read this Acknowledgment carefully and understand it.

Name of Parent/Guardian:  

Signature of Parent/Guardian:  

Date:  

Name of Parent/Guardian:  

Signature of Parent/Guardian:  

Date:  

Name of Parent/Guardian:  

Signature of Parent/Guardian:  

Date:  

Name of Parent/Guardian:  

Signature of Parent/Guardian:  

Date:  

Name of Parent/Guardian:  

Signature of Parent/Guardian:  

Date:  

Name of Parent/Guardian:  

Signature of Parent/Guardian:  

Date: