MVR-III School District

PARENT PERMISSION & WAIVER OF LIABILITY FOR STUDENT PARTICIPATION AT

I acknowledge that federal & state government officials have declared that there currently exists a public health crisis in our country related to the Coronavirus Disease 2019 ("COVID-19").

I confirm that I will not permit my child to participate in the program or activity if, at any time during the program or activity, my child is showing any symptoms of COVID-19 (including but not limited to fever, dry cough, fatigue, shortness of breath, chills, or muscle pains). Additionally, I confirm that I will not permit my child to participate in the program or activity if, at any time during the program or activity, my child has been in contact with any individual diagnosed with COVID- 19 or any individual currently waiting for test results confirming the possibility of a COVID-19 diagnosis. I agree that in such situations, my child will be unable to participate in the program or activity until: (i) 14 calendar days after the symptoms first appeared and my child is no longer showing any symptoms; or (ii) a healthcare provider has confirmed in writing that my child has tested negative for COVID-19 or that my child's symptoms were not due to COVID-19.

I understand that the Meramec Valley R-III School District cannot prevent the possible transmission or contraction of COVID-19 for my child.

The undersigned agrees to release, discharge, hold harmless and indemnify the Meramec Valley R-III School District, its agents, employees, officers, Board of Education members, insurers and others acting on the District's behalf (the "Releasees"), of and from any and all claims, demands, causes of action and/or legal liabilities for injuries to or death of my child occurring during, or resulting from, participation in the above-mentioned program or activity and related in any way to COVID-19, even if the cause, damages or injuries are alleged to be the fault of or alleged to be caused by the negligence or carelessness of the Releasees.

Student Name: _____

Parent Signature: _____

Date: _____