

**CROSSING COOPERATIVE NURSERY SCHOOL**  
**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 health agencies recommend the wearing of face coverings, social distancing and have, in many locations, prohibited the congregation of groups of people.

CCNS has put in place preventative measures to reduce the spread of COVID-19; however, **CCNS cannot guarantee** that you or your child(ren) will not become infected with COVID-19 while present in our school. Further, you and your children's presence in school **could increase your risk and your child(ren)'s risk of contracting COVID-19.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by being present in the CCNS school building and property 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 infections by COVID-19 at Crossing Cooperative Nursery School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Crossing Cooperative Nursery School employees (staff & administration), volunteers, Board Members, attendees, and others present in our school building.

**IN CONSIDERATION FOR BEING PERMITTED TO ATTEND CROSSING COOPERATIVE NURSERY SCHOOL, I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH) ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH OUR PRESENCE IN SCHOOL ("CLAIMS"). ON MY BEHALF, AND ON BEHALF OF MY CHILDREN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE SCHOOL, ITS EMPLOYEES, ITS TRUSTEES, VOLUNTEERS, MEMBERS, 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 SCHOOL AND ITS EMPLOYEES, TRUSTEES, VOLUNTEERS, MEMBERS, AGENTS, AND REPRESENTATIVES, WHETHER A COVID-19 INFECTION OCCURS BEFORE, DURING, OR AFTER OUR PRESENCE IN CROSSING COOPERATIVE NURSERY SCHOOL.**

List the names and ages of all children (if any) covered by this CCNS Waiver:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If I have listed any children above, I certify that I am the legal parent or guardian of such children and have the legal authority to sign this document on my children's behalf.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Print Name of Witness: \_\_\_\_\_