



2015 South 13<sup>th</sup> St.  
Fort Pierce, FL 34950

## **Assumption of the Risk and COVID Waiver of Liability**

According to our State and Federal health officials, COVID-19 (a/k/a Coronavirus) highly contagious and is believed to spread by prolonged human contact. To reduce the spread of the Coronavirus, the CDC has recommended social distancing, hand washing/sanitizing, and the use of personal protective equipment. Open Arms has adopted reasonable measures to do our part in preventing the spread of this disease. However, Open Arms cannot guaranty that your child/children will not become infected with COVID-10. As the country begins to return to pre-COVID activity, you and your child/children are at a higher risk of coming into contact with someone infected by the Coronavirus. Moreover, by that renewed social interaction such contact could result in you and your child/children contracting COVID-19.

I acknowledge the contagious nature of the Coronavirus/COVID-19. I further acknowledge that Open Arms has taken reasonable steps to reduce the spread of the Coronavirus/COVID-19. I acknowledge that Open Arms cannot guarantee that my child/children, or myself or other family member authorized to pick up or drop off my child/children, will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may be due to my own actions, omissions, or negligence of myself and others failing to take precautionary measures.

Furthermore, I acknowledge and attest to the following:

- I voluntarily seek to enroll, or to continue the enrollment, of my children in Open Arms and acknowledge that my child/children, and by my familial association me, are at a higher risk of exposure to the Coronavirus/COVID-19.
- I acknowledge that I understand the safety measure put in place by Open Arms and that I will comply with all set procedures to reduce the spread while my child/children are on campus.
- I attest that:
  - No one bringing my child/children to Open Arms is/are not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

- I nor my child/children have not traveled internationally within the last 14 days or, I have traveled internationally within the last 14 days but have self-quarantined for at least 14 days.
- I nor my child/children have not traveled to a highly impacted area within the United States of America in the last 14 days or, I have traveled internationally within the last 14 days but have self-quarantined for at least 14 days.
- I do not believe I nor my child/children have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I nor my child/children have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting me and my child/children exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Open Arms harmless from, and waive on behalf of myself, my child/children, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself that may be caused by any act, or failure to act of Open Arms, or that may otherwise arise in any way in connection with any interaction with Open Arms.

I understand that this release discharges Open Arms from any liability or claim that I, my child/children, my heirs, or any personal representatives may have against Open Arms with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Open Arms.

This liability waiver and release extends to Open Arms together with all officers, directors, employees, volunteers, and others associated with the day-to-day ministry of Open Arms.

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Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name