

# PARENT/ GUARDIAN AGREEMENT FORM

In consideration for the School's commitment to comply with its internal policies, and with all applicable public health and safety policies and guidelines promulgated by any local, county, state, or federal governmental body, the undersigned, parent(s)/guardian(s) of the children named here:

\_\_\_\_\_ (Who will be enrolled at and attend camp/school at **THE CHILDRENZ CENTER**, (the "School")) do hereby **AGREE THAT:**

1. We understand the risks associated with COVID 19 and understand the manner in which the virus spreads.
2. We are aware of, and understand, the policies that the School has implemented in order to minimize the risk of transmission of COVID 19 and that those policies are articulated and are available on the School's website.
3. Given the nature of the COVID 19 virus we know and understand the risks associated with sending our child School and we agree to allow our children to attend the School's camp/school..
4. This document does not exclude or limit any liability that is not capable of exclusion or limitation by law.
5. We, and our child/children will adhere to all of the School's COVID-19 related policies.
6. We will keep our children home from School if they show any symptoms of COVID-19, or are otherwise sick. Those symptoms include, but are not limited to, cough, fever, tiredness, sore throat, runny nose, shortness of breath, diarrhea, headache, loss of taste or smell, rash or chest pain.
7. We will inform the School immediately if our children are sick, if anyone in the household exhibits COVID-19 symptoms or has been infected with COVID-19 or if our children or anyone in our household has come in contact with anyone who has COVID-19 symptoms or has been infected with COVID-19 within a 14 day period prior to our children attending the School. In any such event we will quarantine the entire family for at least 14 days prior to sending our children back to School.
8. We will educate our children about social distancing and its' importance.

**I/WE DO HEREBY DECLARE AND CERTIFY THAT I/WE HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS.**

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
PARENT/GUARDIAN

Printed name: \_\_\_\_\_

Printed name: \_\_\_\_\_

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

**RECEIVED AND ACKNOWLEDGED:**

The Childrenz Center