



CSY "COVID-19" NOTICE AND RELEASE, 2021-2022

Christian School of York ("CSY") is hereby providing notice to me/us that it currently intends to open its educational and school program for the 2021-22 school year. I/we understand that Christian School of York cannot protect my child/student and/or me from risks which may be encountered as a result of my child attending Christian School of York. I/we realize there are natural, mechanical, and environmental conditions and hazards which independently or in combination with any activities engaged in while participating in this program may result in the exposure to certain risks including exposure to coronavirus (COVID-19), or other biological agents, virus or similar bacteriological agents, and the risk of being quarantined, or illness that may result in medical care, hospitalization or death.

I/we hereby state that I, on behalf of my child/student and myself, am an adult, over the age of 18, and legally competent to sign this form. I/we understand these inherent risks and dangers involved with participation in the school providing its educational program and acknowledge the existence of risks which are not obvious or predictable, and hereby intend this release to extend to injury or loss which results from both obvious or predictable risks, as well as risks that are unpredictable and not obvious and to extend to myself and my child/student, as applicable.

In consideration of myself and my/our child/student participating Christian School of York's educational and school program, I/we, and any legal representatives, heirs and assigns, hereby release, waive, and discharge Christian School of York, its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claim or damages resulting therefrom, on account of any injury, illness or exposure to and/or contracting the corona virus (COVID-19) or other biological agents, virus or similar bacteriological agent by me or my/our child/student's attendance at and participation at Christian School of York's educational program, including any medical expenses, injury and/or death.

I/we agree to indemnify Christian School of York, its officers, directors, employees, agents, and representatives from any loss, liability, damage, or cost that may be incurred due to my child/student's participation in the aforementioned program, whether caused by negligence of Christian School of York, or otherwise. I fully understand, on my own behalf and on behalf of my child/student the risks associated with the aforementioned participation and assume any risk associated therewith.

This notice, release and indemnity agreement contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

The parties to this agreement hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the State of Pennsylvania.

I/we expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I/we understand that by signing this agreement I am giving up on behalf of my child/student and myself certain legal rights and remedies including the right for my child/student and/or myself to recover damages in the event of death, personal and/or bodily injury of any kind, property loss or damage, expenses of any nature whatsoever including attorney's fees, and other losses that my student(s) or that I may sustain in association with my child's participation in the Christian School of York's educational program.

I/WE HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW AND UNDERSTAND THE CONTENTS THEREOF. I/WE SIGN THIS RELEASE VOLUNTARILY AS MY OWN FREE ACT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Face Coverings

Please check which condition should apply to your student(s):

Student Name: _____

- has a medical condition that prohibits them from wearing a face covering.
- does not have a medical condition that prohibits them from wearing a face covering at the appropriate times as determined by CSY.
- It is my desire that my child wears a face covering at all times, except for when eating lunch or when engaged in physical activity, and I consent to CSY to assist in enforcing this practice for my child.

Student Name: _____

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Parent/Guardian Signature: _____ Date _____

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**Should conditions for your child change you may notify school administration of that change and we will update the expectations for your student.*