UNITY PRESBYTERIAN PRESCHOOL PARENTAL/GUARDIAN COVID-19 CONSENT FORM AND LIABILITY WAIVER

| Parent/Guardian's name:: Home address: Home telephone: Cell phone: Cell phone: The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). COVID-19 is extremely contagious and as a result, social distancing is recommended. Unity Preschool will follow national, state, and local guidelines and recommendations for COVID-19 and implement any and all reasonable measures to prevent and reduce the spread of COVID-19 at Unity Preschool during the 2020-2021 school year. However, even though such guidelines will be followed and reasonable measures put into place, Unity Presbyterian Preschool cannot guarantee that you or your student will not become infected with COVID-19. Further, attending Unity Preschool and participating in school activities could increase your risk and your student's risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my student and I may be exposed to or infected by COVID-19 as a result of participating in school activity at Unity Presbyterian Preschool and that such exposure or infection my result in personal nijnyr, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 at Unity Presbyterian Preschool may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Unity Presbyterian Preschool and program participants and their families. Considering the foregoing, however, I/we grant permission for the above-named student to participate in any and all school activity including any that may require transportation to a location away from the Unity Preschool campus, notwithstanding the risks associated with the COVID-19 virus and group activities. Live agree to truthfully disclose to the administration and/or an employee of Unity Preschool any and all infinited, to any exposure to an individual outside of your immediate family who has symptoms of or has tested positive for COVID-19 sp | | |
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| Parent/Guardian's name:: Home address: | Student's name: | |
| Home telephone: | Birth date: Age: | • |
| Home telephone: | Parent/Guardian's name:: | |
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| Signature: Date: | Signature: | Date : |
| ALLEVER COLOR | Signature: | Date: |