

STATEMENT OF ACKNOWLEDGMENT

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government agencies that oversee Brush Creek Montessori School has set recommendations, guidelines, and some prohibitions which Brush Creek Montessori School adheres to comply.

I understand that myself and my family have an active role to play in maintaining the health and safety of the BCMS community during the COVID-19 pandemic, by following best practices for stopping the spread of the virus, which includes social distancing from those not in my household, wearing a mask when unable to maintain a distance of 6 feet from people not in my household, frequent hand washing, and refraining from participating in gatherings of groups of 10 or more people. I agree to perform a daily health check on all members of the household(s) where the BCMS student resides, and to refrain from visiting the campus for 14 days and consult a licensed provider if any members of said household(s) have the following symptoms:

- fever -cough -shortness of breath/difficulty breathing -chills -muscle pain
- sore throat -new loss of taste or smell -nausea -vomiting -diarrhea

I understand that should a vaccine for COVID-19 become available, but I choose to not vaccinate my BCMS student, that student will not be allowed to return to the environment until the COVID pandemic is declared over in Sonoma County.

In consideration of the risk of injury while visiting and attending school at Brush Creek Montessori School’s campus during COVID-19 pandemic (the “Activity”), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily acknowledge and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Brush Creek Montessori School, located at 1569 Brush Creek Road, Santa Rosa, California 95404, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS “STATEMENT OF ACKNOWLEDGMENT” AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Brush Creek Montessori School AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ASSIGNS, FROM ANY AN DALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Brush Creek Montessori School FOR PERSONAL INJURY OR PROPERTY DAMAGE AS IT RELATES TO THE RISKS OF ATTENDING SCHOOL DURING THE COVID-19 PANDEMIC.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clauses severed does not affect the intent of the parties.

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it out of my own free will.

Participant’s Name: _____

Participant’s Address: _____

Signature: _____

Date: _____