



The Montessori School of Pullman

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Pullman, WA 99163



pullmanmontessori.org
509.334.4114

Covid-19 Waiver and Release of Liability Form

Child's Name: _____

Effective June 1, 2019

Services: Childcare provided by the Montessori School of Pullman

With the Covid-19 pandemic, we are facing circumstances we have not faced before. Although we are following guidelines to mitigate risk of contracting Covid-19, we cannot guarantee that you or a member of your family will not contract Covid-19 by a potential exposure through participating in the services we offer. In some ways this is similar to the risks of exposure to other viruses, such as the common cold or flu – we cannot guarantee a 100% virus-free environment at all times. Sometimes a participant of the program may be contagious before exhibiting any symptoms. This is also true of Covid-19, although the risks involved are greater. Because of this, we ask that all participants complete this waiver.

I, ON BEHALF OF MYSELF AND MY FAMILY, HEREBY ASSUME ALL OF THE RISKS OF REQUESTING THIS SERVICE, including by way of example and not limitation, any risks that may arise from contracting COVID-19 from my Childcare Provider, and releasing my Service Provider from any and all liability from any medical condition or viruses due to any exposure to the Covid-19 virus through my participation in the program. This Waiver and Release of Liability covers any exposure by me or my dependents to the COVID-19 virus from the Service Provider.

I am responsible for determining whether I and my dependents are physically and medically able to allow the Service Provider to provide Services. I am responsible for determining whether a physical or medical examination should be undertaken before I or my dependents participate in the services being provided and I will abide by any determination, limitation, or recommendation that may be issued by my medical or health care provider. Before, during, and after the services, I am solely responsible for determining my and my dependent's health and physical status and whether I or my dependents can or should discontinue my participation in the services, or take other actions, to protect my own, and my dependents, health or safety. Service Provider assumes no duty to me or my dependents to ensure my physical or medical ability to participate in the services, whether before, during, or after the services.

I acknowledge that Service Provider and its directors, officers, employees, representatives, and agents are NOT responsible for the contamination, errors, omissions, acts, or failures to act of any party or entity conducting in providing the services. I furthermore INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this service, activity or event. My and my dependent's participation in the services is voluntary.

I acknowledge that this activity, event or service may carry with it the potential for death, serious injury, and property loss.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

It is understood that in two- or more-parent/guardian families, one guardian may sign on behalf of all guardians.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Parent/Guardian's signature: _____ **Date:** _____

Names of Dependents: _____