

St. Albans Early Childhood Center, Inc.

NAEYC ACCREDITED

4404 Wisconsin Avenue, NW • Washington, DC 20016

Tel. 202-363-7380 • FAX 202-537-9380

www.saecc.org

COVID-19 PARENTAL NOTICE AND WAIVER

St. Albans Early Childhood Center is hereby providing notice to us that it intends to reopen its school. I/we understand that St. Albans Early Childhood Center cannot protect my/our child/student and/or me/us from coronavirus (COVID-19) risks which may be encountered as a result of my child attending the school. I/we realize there are natural, mechanical, and environmental conditions and hazards which may result in the exposure to coronavirus (COVID-19), and the risk of being quarantined, receiving require medical care and, hospitalization, or death.

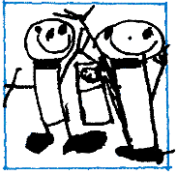
I/we hereby state that I/we, on behalf of my/our child/student and myself/ourselves, that I am/we are over the age of 18, and legally competent to sign this form. I/we understand these inherent risks and dangers involved with school attendance and acknowledge the existence of coronavirus (COVID-19) risks which are not obvious or predictable, and hereby intend this release to extend to injury or loss which results from both obvious or predictable coronavirus (COVID-19) risks, including any coronavirus (COVID-19) injury or loss due to simple or gross negligence by the school, its officers, directors, employees, agents and representatives.

In consideration of myself/ourselves and my/our child/student attending St. Albans Early Childhood Center, I/we, and any legal representatives, heirs and assigns, hereby release, waive, and discharge St. Albans Early Childhood Center, its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claim for damages resulting from exposure to and/or contracting the coronavirus (COVID-19) by me/us or my/our child/student as a result of attendance at the school, including any medical expenses, injury and/or death.

This notice and release 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 District of Columbia.

I/we understand that by signing this agreement I/we are giving up on behalf of my/our child/student and myself/ourselves certain legal rights and remedies including the right for my/our child/student and/or myself/ourselves 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/our child/student or that I/we may sustain in association with coronavirus (COVID-19) due to my/our child's attendance at the School.



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

COVID-19 PARENTAL NOTICE AND WAIVER

Child's Name

Date of Birth

Date of Return to Full-Enrollment

Parent Name (Print)

Parent Signature

Date

Parent Name (Print)

Signature

Date

For Office Use Only

Received by

Title:

Date