

Alexandria Area High School	Discovery Middle School	Lincoln Elementary School	Woodland Elementary School	Voyager Elementary School
1410 McKay Ave. South Alexandria, MN 56308	510 McKay Ave. North Alexandria, MN 56308	1120 Lark St. Alexandria, MN 56308	1410 McKay Ave S. Ste 101 Alexandria, MN 56308	203 county Road 44 NW Alexandria, MN 56308

COVID-19 Pandemic Waiver, Release, and Assumption of Risk Form

On behalf of myself, my household members, and my minor child, _____, I acknowledge the contagious nature of the SARS-CoV-2 virus and specifically assume all risks and hazards associated with my child's in-person school and school function attendance during the COVID-19 pandemic. I acknowledge that by attending class in person, my child will be associating with staff and other children and may acquire the virus notwithstanding any precautions taken by the school. I acknowledge that the school cannot absolutely control the conduct of its students, guarantee that they or their parents will follow safety protocols and procedures, or prevent infected students from attending and potentially spreading the virus to my child, directly or indirectly.

I acknowledge that my child's physical attendance at school is wholly voluntary. By permitting my child to attend school during the COVID-19 pandemic, I voluntarily assume the risk that my child may acquire the virus, and that virus may subsequently be transmitted from my child to me and members of my household.

I certify that my child is in good health and has no fever (temperature of 100.4 degrees Fahrenheit or higher.) I understand that symptoms of COVID-19, according to the Centers for Disease Control and Prevention, may include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea. I certify that my child currently has none of these symptoms, and I will prevent my child from physically attending school if my child develops any of these symptoms, whether or not I believe it's related to COVID-19.

I acknowledge that my child, other students, staff, and visitors who do not have any of the symptoms will not be required to wear masks or to social distance while attending school or school functions. These mitigation efforts will be optional for anyone who wishes to engage in them to protect themselves if they believe they are at serious risk from exposure to the virus. I will prevent my child from physically attending school if my child develops any of the symptoms, and I expect that parents or guardians of other children will do the same.

I acknowledge that anyone who tests positive for the virus but has none of the symptoms may be allowed to attend school or school functions if they wear a mask and social distance. I will instruct my child to social distance from anyone who wears a mask while attending school or school functions.

If my child develops any of the symptoms, I will notify the school. If my child has symptoms and tests negative for the virus, I will prevent my child from physically attending school for the length of time recommended by my child's healthcare provider. If my child has symptoms and tests positive for the virus, I will prevent my child from physically attending school for the length of time recommended by the school.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, the District, its insurers, the District's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, or death that may occur to my child, me, or my household members as a result of contracting the SARS-CoV-2 virus while attending school or school functions during the COVID-19 pandemic.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members as a result of contracting the SARS-CoV-2 virus while attending school or school functions during the COVID-19 pandemic.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____