

# Waiver of Liability Relating: Coronavirus/COVID-19

On March 11, 2020, The World Health Organization declared the novel coronavirus, COVID-19, a pandemic. COVID-19 is highly contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people over the past several weeks. Tomball Classes for Homeschoolers (TCH) has put precautions in place to reduce the spread of COVID-19; however, TCH **cannot guarantee** that you or your family, including your child(ren), will not become exposed to or infected with COVID-19. Further, because of the number of individuals involved in TCH and the fact that many infected individuals appear to be asymptomatic, **attending TCH could increase** your and your child(ren)'s risk of contracting COVID-19.

By signing this waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19. I also acknowledge that by attending TCH, such exposure or infection may result in personal injury, illness, disability, and/or death. I understand the risk of becoming exposed to or infected by COVID-19 at Silver Springs Baptist Church (SSBC) may result from the actions, omissions, or negligence of myself and others, including, but not limited to, TCH and SSBC employees, contractors, volunteers, members, and participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance of TCH at SSBC. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless TCH and SSBC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of TCH and SSBC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program.

*NOTE: Signature of parent MUST be done in front of Notary to be valid.*

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Signature of Parent/Guardian

Date

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Print Name of Parent/Guardian

Name of Participant(s)

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Notary

Date