



# AS4A COVID Release

I allow my child(ren) to participate in all classes and school functions at Academic School 4 Arts (AS4A). The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

For the safety of everyone involved, students and family members will be required to adhere to all safety protocols and are subject to immediate removal from the school if they do not comply.

In an effort to ensure the safety and wellness of our school community, I understand the importance of students being healthy and safe when they participate in school activities. By signing below, I agree that I will:

- Perform daily temperature checks in my child(ren) to screen for fever before arrival for the Activity, Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to attend school until he/she has been without a fever for at least 5 days.
- Make a visual inspection of my child(ren) for signs of illness which could include the following: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches,
- If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to attend school or after school activity until he/she has been without signs or symptoms for at least 5 days: headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the Activity until 14 days have elapsed since the time of contact.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that my child(ren) is to remain home until illness-free for at least 5 days without the use of medicine.

By signing this document below, I acknowledge and affirm all the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of



attending school and participation in school activities, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), IHOF staff, volunteers or agents, other Activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of myself and my child(ren) being able to participate in school activities, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the Academic School 4 Arts, in Broward County, FL, and its employees and agents harmless from any and all claims, suits, liability, actions, judgements, attorney's fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

By signing this document, you are giving up any right to make a claim or file a lawsuit regarding your child(ren)'s participation in the Activity including any claim based on the negligent acts or omissions of employees and agents.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Print Name of Student

Date of Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_