

Parent Permission and Waiver of Liability for Student Participation at Trinity Lutheran School

With my initials and signature, I give permission for my child(ren), _____, to participate in school programs, events, and extracurricular activities during the 2020 - 2021 school year at Trinity Lutheran School.

(initials) I acknowledge that our federal and state government officials have declared that there currently exists a public health crisis in our country related to the Coronavirus (COVID-19).

(initials) I permit my child to participate in the programs, activities, and extracurricular activities Trinity Lutheran School.

(initials) I will not send my child to school or let them participate in any school activities or extracurricular activities if my child(ren) is experiencing or has come into recent direct contact with anyone who has had any of the following symptoms: fever, shortness of breath, dry cough, fatigue, chills, muscle pains, loss of taste or smell, vomiting, diarrhea, and other symptoms related to illness or contagion.

(initials) I confirm that I will not send my child(ren) if they have had direct or prolonged contact with anyone who is diagnosed with Coronavirus (COVID-19) or any individual who is currently waiting for test results confirming the possibility of a Coronavirus (COVID-19) diagnosis.

(initials) I have read will cooperate with Trinity Lutheran's school adjustment plan and the recommendations of the St. Charles County Health Department during all phases of this health crisis and realize that this may include a period of e-learning from home if necessary.

(initials) I understand and agree that Trinity Lutheran School cannot prevent the possible transmission or contraction of Coronavirus (COVID-19) for my child(ren).

The undersigned agrees to release, discharge, hold harmless, and indemnify Trinity Lutheran School, its agents, employees, officers, Board of Education members, insurers, and others acting on the school's behalf (the Releasees"), of and from any and all claims, demands, causes of action and/or legal liabilities for injuries, illness, or death of my child(ren) occurring during or resulting from participation in programs, activities, or extracurricular activities at or associated with Trinity Lutheran Church/School.

Signature of Parent/Legal Guardian: _____

Parent/Legal Guardian's Printed Name: _____

Date: _____