## Nogales Unified School District #1 COVID-19 Waiver, Release, and Assumption of Risk Form

The novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely 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.

| Nevertheless, the State of Arizona has elected to reopen schools for the 2020/2021 school year. Although the Nogales Unified School District #1 (the "District") has put in place protective measures to reduce the spread of COVID-19, the District cannot guarantee that your child will not become infected with COVID-19. Your child's physical attendance school, together with other students, inherently increases the risk that your child, you, and/or your household member will contract COVID-19, notwithstanding any precautions taken by the District or school.  | e<br>at                   |
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| On behalf of myself, my household members, and my minor child,  | 's in-<br>will<br>e<br>ir |
| I further acknowledge that my child's physical attendance at a District school is wholly voluntary. By permitting my to attend school during the COVID-19 pandemic, I voluntarily assume the risk that my child may acquire COVID-19, that COVID-19 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. I understand that symptoms of COVID-19 include, but are national to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, 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 developed any of these symptoms or any other symptoms identified by the CDC as being associated with COVID-19. I further certify that my child will be symptom-free, without any medication, for twenty-four (24) hours before returning to self will also notify the school and not permit my child to attend if my child tests positive for COVID-19. My child and follow all COVID-19 protocols and procedures adopted by the District or school. | new ops                   |
| To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of acdamages, and rights of any kind against the school, the District, its insurers, the District's governing board, and all of respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any to any damage, injury, trauma, illness, loss, or death that may occur to my child, me, or my household members as a roof the COVID-19 pandemic.   | their<br>way              |
| I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damag losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child, only household members as a result of the COVID-19 pandemic.  |                           |
| Parent/Guardian Name (Printed)  |                           |
| Parent/Guardian Signature Date  |                           |