



## RETURN-TO-ACTIVITY LIABILITY WAIVER

STUDENT NAME: \_\_\_\_\_

ACTIVITY(IES): \_\_\_\_\_

Beaver Country Day School strongly recommends that students who have been diagnosed with COVID-19 not resume the activity(ies) listed above unless and until they have been cleared to return by a qualified clinician. The student and their parent(s)/guardian(s) want the student to be able to resume the activity(ies) without such clearance, and are willing to assume all risks in connection with same, including without limitation all risks of short-term, long-term, and permanent consequences for the student's health.

In consideration of the opportunity to resume the activity(ies) listed above without clearance by a qualified clinician, the student and their parent(s)/guardians(s) hereby RELEASE THE SCHOOL AND ALL OF ITS TRUSTEES, EMPLOYEES, VOLUNTEERS AND OTHER PERSONS AFFILIATED WITH THE SCHOOL (collectively, the "Releasees") FROM ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING FROM OR RELATING TO THE STUDENT'S PARTICIPATION IN THE ACTIVITY(IES), INCLUDING WITHOUT LIMITATION ANY CLAIMS ARISING FROM THE ALLEGED NEGLIGENCE OF ANY OF THE RELEASEES.

This Liability Waiver must be signed by the participant and each custodial parent/guardian.

STUDENT SIGNATURE:

DATE:

PARENT/GUARDIAN #1 NAME:

PARENT/GUARDIAN #1 SIGNATURE:

DATE:

### IF APPLICABLE

PARENT/GUARDIAN #2 NAME:

PARENT/GUARDIAN #2 SIGNATURE:

DATE: