

2020 – 2021 SCHOOL WAIVER



Dear Memorial parents,

In preparation for our first week of school beginning Monday, August 17th, we are putting some operating procedures in place to adhere to CDC and state health guidelines.

ARRIVAL & DISMISSAL

- Upon arrival, please park and walk up with your students to “check in” tables set up outside the school building. Student temperatures will be checked and parents will answer Covid-19 related questions at sign in.

<u>ARRIVAL</u>	<u>WHEN?</u>	<u>WHAT?</u>	<u>WHERE?</u>
	7:00 – 8:15	PK4 – 8 th Before Care	Distanced cafeteria tables
	8:15 – 8:30	PK4 & Kindergarten Check-in	School front door
		6 th , 7 th and 8 th Check-in	School back door
8:30 – 8:45	1 st – 5 th Check-in	School front door	

- Staff will be available to assist with check in as early as 7 a.m. on Monday, August 17th. (No before care fees will be charged on the first morning of school.) Please allow yourself some extra time for check in on the first day. We will work to make this process as smooth as possible.
- Any child with a fever over 100 degrees will not be able to come to school. Fever free children will be asked to sanitize their hands and may then enter the school building and head to their class.
- Parents are encouraged to make school payments through Sycamore online as much as possible. A separate email from Sycamore Education will be sent to your email address. (If this does not appear in your Inbox, check your junk/spam mailbox.) This email will allow you to access your student’s account to view charges, add payment methods and make payments toward school accounts. Should you need help with this at all, please feel free to call our office.
- We will continue to dismiss students from the school lobby. We will do our best to limit conversations to urgent topics during arrival and dismissal in order to respect social distancing. Please feel free to contact us via email or phone for less urgent matters.

<u>DISMISSAL</u>	<u>WHEN?</u>	<u>WHAT?</u>	<u>WHERE?</u>
	3:00 – 3:15	PK4 & Kindergarten Dismissal	School lobby
	3:15 – 3:30	1 st – 5 th Dismissal	School lobby
		6 th , 7 th and 8 th Dismissal	School back door
3:30 – 6:00	PK4 – 8 th After Care	Distanced cafeteria tables	



STUDENT NAME(S):

I, on behalf of myself and my dependents, hereby assume all the risks of requesting this service, including by way of example and not limitation, any risks that may arise from contracting the COVID-19 virus from this service provider, gross negligence or carelessness on the part of the service provider, and release my service provider from any and all liability from any medical condition, viruses, of the service provider and contracting such viruses from the service provider. This waiver and release of liability covers any negligence or gross negligence in relation to exposing me or my dependents to the COVID-19 virus and understand the potential for infection despite all CDC-recommended precautions that will be taken. I understand utilization of services is completely voluntary, and I assume all the risks as a result.

I am responsible for determining whether a physical or medical examination should be undertaken before I or my dependents participate in the services being provided, and I will abide by and determination, limitation, or recommendation that may be issued by my medical or health care provider. Before, during, and after the services, I am solely responsible for determining my and my dependent's health and physical status and whether I or my dependents can or should discontinue my participation in the services, or take other actions, to protect my own, and my dependents, health or safety. Service provider assumes no duty to me or my dependents to ensure my physical or medical ability to participate in the services, whether before, during, or after the services.

I acknowledge that this waiver and release of liability form will govern my actions and responsibilities at said services, activity, or event. In consideration of providing services to me and/or my dependents, I hereby take action for myself, dependents, my executors, administrators, heirs, next of kin, successors, and assigns as follow:

- (A) **I waive, release and discharge** from and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, the following entities or persons: service provider and its directors, officers, employees, representatives, employee, and agents:
- (B) **I indemnify, hold harmless, and promise not to sue** the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in

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this service, activity, or event, whether caused by the negligence of release or otherwise.
My and my dependent's participation in the services is voluntary.

I acknowledge that service provider and its directors, officers, employees, representatives, and agents are not responsible for the contamination, errors, omissions, acts, or failures to act of any party or entity conducting in providing the services. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I certify that I have read this document and I fully understand its content. I am aware that this is a release of liability and a contract, and I sign it of my own free will.

ON BEHALF OF MYSELF AND MY DEPENDENTS

PRINT NAME: _____

DATE: _____

SIGNATURE: _____