

The Sparrow's Nest

Mother's Day Out



COVID-19 RELEASE AND WAIVER OF CLAIMS

The undersigned, in my capacity as parent or legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of The Sparrow's Nest Mother's Day Out Program ("Program").

As such, and in consideration for child care services to be provided by The Sparrow's Nest, the undersigned, for myself and my minor children enrolled in the Program **fully assume all of the risks associated with participation in the Program, including the possibility of COVID-19 (or the novel coronavirus) community spread.**

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING THE SPARROW'S NEST AND SMYRNA FIRST UNITED METHODIST CHURCH AND ITS DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren).

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING THE SPARROW'S NEST/SMYRNA FIRST UNITED METHODIST CHURCH AND ITS DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM THE CLAIMS.

Parent Name

Parent Signature

Date Child(ren) Names:

