



COVID-19 Staff & Visitor Waiver

Implemented July 2020

Acceptance of Risk; Release; Indemnification. The safety and security of staff and visitors is a priority for HeartPrints Center. I understand that there is still risk associated with my presence at HeartPrints Center, including but not limited to, increased social contact and interaction. I understand that the procedures put in place by HeartPrints do not completely eliminate my child’s risk of exposure to COVID-19.

I _____ (name) testify that:

1. I will not come HeartPrints if I have a fever or show any signs of COVID-19
2. I will notify the school immediately if I have a fever or shows any signs of COVID-19
3. If I contract COVID-19, I understand that I may not return to HeartPrints for a minimum of 14 days and that I must submit 2 failed COVID-19 test results from a health care provider
4. If a member of my household, or someone I have been in contact with, contracts COVID-19, I understand that I may not return to HeartPrints’ for a minimum of 14 days and that I must submit 1 failed COVID-19 test result from a health care provider
5. I will do my best to follow the safety precautions set in place by the State of Pennsylvania and the Center for Disease Control including, but not limited to:
 - a. Social distancing
 - b. Wearing a mask in all social environments
 - c. Wearing a mask within 6 feet of a non-household member
 - d. Frequent handwashing with warm soapy for at least 20 seconds, or use alcohol-based hand sanitizer when hand washing is not possible
6. I will adhere to expectations outlined in the HeartPrints’ COVID General Preparedness Plan & COVID-19 Phased School Reopening Health & Safety Plan

Regardless of any steps taken by HeartPrints to reduce the risks associated with the COVID-19 pandemic, I am fully aware that there are a number of risks associated with my presence at HeartPrints during the COVID-19 pandemic, including without limitation, being exposed to and contracting COVID-19 from other individuals, surfaces and/or airborne particles. I understand that contracting COVID-19 could result in serious medical symptoms requiring medical treatment. I knowingly and freely, assume all such risks, both known and unknown, relating to my presence at HeartPrints arising from or relating to COVID-19, including all illnesses, injuries, damages or death arising therefrom, and I hereby forever release, waive, relinquish, and discharge HeartPrints, along with HeartPrints officers, directors, employees, affiliates, or other representatives, and assigns HeartPrints from any and all claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, “Damages”) arising from or relating to COVID-19 as a result of my presence at HeartPrints, and including but not limited to claims based on the alleged negligence of any HeartPrints Representative or any other person. I further promise not to sue HeartPrints or any HeartPrints Representative for any illness, injury, death or other Damages arising out of or related to COVID-19 and agree to indemnify and hold them harmless from any and all Damages resulting therefrom as a result of my presence at HeartPrints.

If any provision of this Waiver and Release of Liability is declared invalid, the remaining provisions remain enforceable. I may seek advice from legal counsel before signing this Waiver and Release of Liability. By signing this Waiver and Release of Liability, I acknowledge that either I have sought the advice of legal counsel or wish to waive the opportunity to seek the advice of counsel before signing.

READ CAREFULLY -- BY SIGNING THIS DOCUMENT YOU MAY GIVE UP IMPORTANT LEGAL RIGHTS.

PRINT NAME _____
Last First

SIGNATURE: _____ DATE: _____