



COVID-19 WAIVER AND RELEASE OF LIABILITY BY PARENTS

Implemented July 2020 (updated 8/14/20)

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

I _____ (**parent’s name**) testify that:

1. I will not bring my child to school if they have a fever or show any signs of COVID-19
2. I will notify the school immediately if my child has a fever or shows any signs of COVID-19
3. If my child contracts COVID-19, I understand that they may not return to school 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 child’s household, or someone they have been in direct contact with tests positive for COVID-19, I will notify the HeartPrints office immediately and contact my family’s PCP for further instructions.
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 water and soap for at least 20 seconds, or use alcohol-based hand sanitizer when hand washing is not possible
6. I will adhere to parent expectations outlined in the HeartPrints’ COVID General Preparedness Plan including travel recommendations, drop-off and pick-up procedures and food and water bottle guidelines
7. I will adhere to the mask expectation:
 - a. Children 2 years old and older are required to wear a face covering as described in the Order of the Secretary of the Pennsylvania Department of Health for Universal Face Coverings.

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 child’s care 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 my child’s contracting of COVID-19 could result in serious medical symptoms requiring medical treatment. On behalf of myself and my child, I knowingly and freely, assume all such risks, both known and unknown, relating to my child’s care 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 child’s care 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 child’s care 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.

PRINT NAME OF PARENT _____
Last First

PRINT NAME OF CHILD _____
Last First

SIGNATURE: _____ DATE: _____