



**Assumption of the Risk and Waiver of Liability
Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Level of Academy, Clarendon Hills has created protocols and put in place preventative measures to reduce the spread of COVID-19; however, cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase your child(ren)s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19, I am aware of any risks resulting in contracting COVID-19, and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by attending this program. I understand that the risk of becoming exposed to or infected by COVID-19 at this program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Level of Academy, Clarendon Hills, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Level of Academy, Clarendon Hills its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Cell Phone Number

Name of Participant(s)

This program is an independent, for profit, instructional offering. It is not affiliated with Community Consolidated School District 181.