



**LIABILITY AGREEMENT FOR PARTICIPATION AND WAIVER/RELEASE FOR COMMUNICABLE DISEASES (Including COVID-19)**

I, \_\_\_\_\_, represent that I am the parent and/or legal guardian for the following child(ren):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am authorized to act on (his/her/their) behalf as well as my own behalf, in entering into this agreement. (The persons for whom I am the parent or legal guardian shall be referred hereinafter as the child-participant).

In consideration of being enrolled and/or allowed to participate at Discovery of Learning, LLC, and any facility housing Discovery of Learning in person classes, activities or events; I, myself and on behalf of our child-participant, forever discharge and agree to hold harmless Discovery of Learning, LLC, and it's directors, members, agents, volunteers and employees from any and all liability, claims or demands for personal injury, sickness, including communicable disease, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred while the enrolled child-participant or representative is participating in Discovery Learning enrichment classes, activities or events.

Furthermore, I, myself, on behalf of my child-participant hereby assume all risk of personal injury, sickness, including communicable disease, death, damage and expense as a result of participation in enrichment activities and recreation involved with Discovery of Learning, LLC. Or as a result of the negligent, willful or intentional acts of my enrolled child-participant, including expenses incurred attendant thereto.

Furthermore, in regards to communicable disease, including COVID-19, the undersigned acknowledges, appreciates, and agrees that:

1. Participation in Discovery of Learning activities is voluntary. If you believe the environment is unsafe, or you or your family members are at heightened risk, you may refrain from participation until you believe it to be safe to do so.
2. If you, your child or anyone in your household is experiencing symptoms of COVID-19 or any other communicable disease, they will refrain from participation

in Discovery of Learning until safe to do so in accordance with health department or physician's recommendations or requirements.

3. You will ensure that your child properly washes their hands, and any personal items brought to Discovery of Learning, prior to, and following participation in activities.
4. Participation in or at Discovery of Learning hosted activities inherently includes possible exposure to and illness from infectious diseases, including COVID-19. While particular guidelines and personal discipline may reduce this risk, the risk of serious illness does exist; and,
5. I UNDERSTAND that insurance provided by Discovery of Learning or if applicable, owners and lessors of premises used to conduct the activities, does not cover the risk or contraction of a communicable disease, including but not limited to, COVID-19.

I, the parent or legal guardian of this child-participant, hereby grant my permission for him/her to participate fully in Discovery of Learning enrichment classes and recreation, and hereby give my permission to take enrolled child-participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

I have received and I am retaining a copy of this agreement for my personal records, which has been signed digitally upon online enrollment or hard copy kept on file at child-participant's Discovery of Learning location. This release shall be legally binding until revised by Discovery of Learning or my child's disenrollment from all Discovery of Learning classes. I also understand that if my child-participant is visiting or participating in a trial day, I will willingly complete this form at each visit until I have completed full enrollment for my child-participant.