

**TEST PREPS, INC.
LIABILITY WAIVER**

**THIS IS A RELEASE OF LIABILITY. PLEASE READ IT CAREFULLY
AND COMPLETELY BEFORE SIGNING**

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. It is believed that an asymptomatic individual can be infected with and transmit COVID-19 without their knowledge.

Due to the outbreak of COVID-19, our business is taking extra precautions with the care of every student to include weekly temperature checks, health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 may include (but are not limited to):

- Fever/Chills
- Cough
- Difficulty breathing/shortness of breath
- Muscle or body aches
- Fatigue
- Loss of taste or smell
- Headache
- Sore throat
- Nausea/vomiting/diarrhea

I, as legal guardian of agree to the following:

- I understand the above symptoms and affirm that I, the above-named student, as well as all other household members, do not currently have, nor have experienced the symptoms listed above.
- I affirm that I, the above-named student, as well as all other household members, have not been diagnosed with COVID-19 within the past 30 days.
- I affirm that I, the above-named student, as well as all other household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
- I affirm that I, the above-named student, as well as all other household members, have not traveled outside of the country or to any state considered to be a “hot spot” for COVID-19 infections within the past 30-days.
- I affirm that I have read the TEST PREPS INC. COVID-19 POLICY that was emailed to me.
- I understand that TEST PREPS INC. cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

By signing below, I, for myself, my child(ren), my spouse, my legal representatives, heirs and assigns, hereby waive, release, and discharge TEST PREPS INC, its officials, employees, volunteers, attorneys, and agents from any and all liability to me, my child(ren), my spouse, my legal representatives, heirs, and assigns, for any and all losses or damages resulting from bodily injury, illness, permanent disability, and/or death, whether caused by negligence of TEST PREPS INC or its officials, employees, volunteers, attorneys, and agents or otherwise, which claims, losses, and demands arise during or result directly or indirectly from exposure to or infection with COVID-19 before, during, or after participating in a TEST PREPS INC program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Full Name of Participant/Child