



North  
Cross  
School

## WAIVER OF CLAIMS AND AUTHORIZATION REGARDING STUDENT HEALTH INFORMATION

The undersigned acknowledges that as parent/guardian of

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*Child's Name*

he/she has been advised and is aware of the risks of COVID-19 exposure while participating in classes, extended day programs, athletic programs, or holiday care programs at North Cross School and hereby assumes any such risks. I promise and agree that my above-named child is not currently symptomatic in any way for COVID-19 and has not been exposed in the last 14 days with anyone testing positive or symptomatic for COVID-19 AND that my child will not attend any classes, extended day programs, athletic programs, or holiday care programs if he or she is thus symptomatic or exposed. With full awareness and appreciation of the risks involved, I, for myself and my child and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, hereby forever release, waive, discharge, and covenant not to sue North Cross School, its board members, officers, agents, servants, independent contractors, affiliates, employees, successors, and assigns (collectively the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child related to COVID-19 or by my breach of this Waiver. I agree to indemnify, defend, and hold harmless the Released Parties from and against any and all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorney fees) arising either directly or indirectly from or related to any and all claims made by or against any of the Released Parties related to my child and COVID-19.

I understand and agree that North Cross School may have access to the health information of my child in relation to North Cross' COVID-19 screening and testing protocols. I authorize North Cross to have access to my child's health information for purposes related to COVID-19. North Cross School will implement reasonable safeguards to protect the confidentiality of my child's health information and will only use and disclose such information as is reasonably necessary for health and safety purposes.

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*Parent/Guardian Printed Name*

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*Parent/Guardian Signature*

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*Date*