

**2020-2021 GREEK SCHOOL PARENT WAIVER, RELEASE OF LIABILITY,  
AND PARTICIPATION AGREEMENT IN VIEW OF COVID-19**

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

PARENT/GUARDIAN #1: \_\_\_\_\_

PARENT/GUARDIAN #2: \_\_\_\_\_

I/We, the above-named parent(s)/guardian(s), have been informed by Assumption Church Greek School of the rules and regulations of the school for participation in Greek School classes as required by the State of New Hampshire during Covid-19. I/We have been provided with a summarized copy of those rules and regulations and understand the full version of such rules and regulations can be found on the Assumption Church Greek School website [<http://greeksschool.assumptionnh.org/>] and the New Hampshire Department of Education website [<https://www.education.nh.gov/who-we-are/commissioner/covid-19>]. I/We agree to adhere to the rules and regulations as currently published and as may be updated from time to time. I/We also understand and agree that the above-named student must adhere to those rules and regulations.

I/We understand and have been informed that additional resources for staying safe during Covid-19 can be found at the CDC website [[www.cdc.gov](http://www.cdc.gov)].

Terms and Conditions:

I/We hereby give my/our approval for the above-named student to participate in Greek School classes following the Covid-19 guidelines and any revisions required by the State of NH.

I/We acknowledge and understand that participation in Greek School classes may result in possible exposure to Covid-19. I/We knowingly and freely assume any and all such risks associated with the above-named student's participation in Greek School classes. I/We do hereby waive, release, absolve, indemnify, agree to hold harmless, and promise not to sue Assumption Church Greek School (including its board members, participants, and teachers) for any claim arising out of any exposure to or infection of the above-named student to/with Covid-19) whether such exposure/infection is the result of negligence by Assumption Church Greek School (including its board members, participants, and teachers) or for any other cause.

I/We agree to allow Assumption Church Greek School to conduct symptom checks on the above-named student as may be required prior to each class. If the above-named student is ill or has any symptoms of Covid-19, I/we understand and agree to keep the above-named student at home, and to inform the Greek School Director. If requested, I/we will take the above-named student's temperature prior to class and report the result to the teachers promptly. If the above-named student develops any symptoms of illness (of Covid-19 or otherwise) during class, I/we agree to pick the above-named student up as quickly as possible.

I/We will assure that the above-named student is aware of the special regulations prohibiting sharing and/or touching any books, supplies, food, drinks, and/or belongings of classmates or other students.

Signed,

Parent/Guardian #1 \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

Date: \_\_\_\_\_

Please return this signed agreement along with all registration forms and fee(s) to the teacher of the above-named student prior to the first day of classes. **Students will not be permitted to attend classes before this form is signed, dated, and submitted to one of the Greek School teachers.**