



HEIGHTS CHRISTIAN SCHOOLS

1225 N. Hacienda Road, La Habra Heights, CA. 90631
714.921.9070 www.HeightsChristianSchools.org

WAIVER OF LIABILITY & HEALTH SCREENING AGREEMENT

This form must be signed and returned before student begins 2021/2022 school year on campus.

The threat of the coronavirus (COVID-19) continues to pose a potential threat in our communities and worldwide. The Center for Disease Control (CDC) working with state and local health officials continues to assess emerging data and with updated guidance on preventive measures, procedures and protocols that may lessen the spread of the virus.

Heights Christian Schools (HCS) is committed to monitoring updates as more data and health information is provided by the CDC and state and local health officials and to do our best to put in place reasonable preventative measures to reduce the spread of COVID-19 at the school. However, even though such standards will be implemented, the school cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the school could increase your risk and your child(ren)'s risk of contracting COVID-19.

*By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by attending classes on campus, and/or participating in school activities. I further acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at **Heights Christian Schools** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, HCS employees, volunteers, and program participants and their families.*

*On my behalf, and on behalf of my child, I hereby waive, release, covenant not to sue, discharge, and hold harmless **Heights Christian Schools** of and from all claims, liabilities, actions, damages, costs, or expenses of any kind, including without limitation reasonable attorney's fees and costs, in any way arising from or out of or relating to, directly or indirectly, COVID-19 infection of my child or me or anyone else that I or my child may come into contact with, and any effects thereof, whether a COVID-19 infection occurs before, during, or after participation in any school events, including in-person instruction on campus.*

*I further agree on behalf of myself, my child named herein, and my spouse to release, indemnify, hold harmless, and defend **Heights Christian Schools** from or in connection with the negligent acts or omissions of the indemnitees in relation to prevention of the spread of the COVID-19 virus. I specifically acknowledge and agree that I will defend, indemnify and hold harmless the indemnitees from their own negligence in regard to the indemnitees' negligent action and/or inaction in regard to protection against the COVID-19 virus.*

*Finally, I agree to notify **Heights Christian Schools** immediately should my child or anyone in our household be diagnosed with a confirmed case of coronavirus/COVID-19. I will not send my child to school, nor will I enter the campus when ill and/or exhibiting any of the symptoms currently listed by the Center for Disease Control and Prevention as [Symptoms of Coronavirus](#), including a fever of 100.4 or higher. I understand my child cannot return to school until they have been fever-free without the use of fever-reducing medication for 24 hours.*

CAMPUS: BR BRPS CH CHPS IP/JH LHHPS LM LMPS SJCS

Printed Student Name: _____ Age/Grade: _____

Parent/Guardian Printed: _____ Date: _____

Parent/Guardian Signature: _____