

**The Albrook School
2020-2021**

Full Release and Waiver of All Claims

I, _____, am the parent or legal guardian of _____
agree and consent to the following:

I understand that in order for my child to attend The Albrook School, I need to sign, date and submit this Release and Waiver form to The Albrook School before my child's first day of school. I understand and agree that I will either print, sign and return this form to The Albrook School or, when completing my child's registration form on School Speak, I will fill in the required field to confirm that I have read and agree to the contents of this form.

I understand and acknowledge that, to insure the safety and health of everyone at The Albrook School, The Albrook School follows and complies with all health and safety rules, regulations and procedures outlined by the CDC, NJ State Department of Health and Bernards Township Health Department, and that no statement has been made by The Albrook School which may be construed as a guarantee regarding the health or safety of my Child, including, without limitation, exposure to or transmission of COVID-19.

I understand and acknowledge that my Child's attendance at The Albrook School is based on my sole, voluntary, and unbiased discretion. I further understand that The Albrook School includes activities such as gym, music, drama, Spanish, educational, afterschool programs or other similar activities (collectively, "Activities") in which my Child may participate.

I understand and agree that The Albrook School and/or its agents and employees shall not be liable for any claim or potential claim for damages or other benefits in connection with any injury or illness suffered or contracted by my Child in connection with my Child's participation in the services or Activities provided by The Albrook School. I, on my own behalf and of my child, release, waive, discharge and covenant not to sue The Albrook School, its directors, board members, employees, volunteers, and agents, in their official and individual capacities, from all liability, losses, damage or claims relating to COVID-19 and any injuries sustained and any illnesses contracted by me or my child.

I agree that I am in the best position to assess and understand the health and physical condition of my Child and of myself, and I understand that it is my responsibility to consult with a physician prior to and regarding my Child's attendance at The Albrook School or the Activities. I affirm that my Child is fit and healthy enough to participate in any Activity and will refrain from engaging in such Activities if he or she is not physically fit enough to participate. I further waive any claims for personal injuries arising out of participation in these Activities.

By entering into this Full Release and Waiver, I have not relied on any oral or written representation or statement made by The Albrook School and/or its agents and employees, other than what is set forth in this Full Release and Waiver. Any revocation of this Full Release and Waiver must be in writing and delivered to The Albrook School prior to participation in a specified Activity.

Signature

Date