ST. ALBERT THE GREAT
VERITAS, MENS, SANCTITAS
5535 WEST STATE ROAD, BURBANK, ILLINOIS 60459

AGREEMENT TO ADHERE TO COVID PROTOCOLS AND ACKNOWLEDGEMENT OF PARENTAL RESPONSIBILITY

In response to the novel coronavirus pandemic ("COVID-19"), **St. Albert the Great School** closed beginning in March of 2020 to limit the spread of COVID-19. Our State and local public health departments have now indicated it is safe to resume in-person instruction for the 2020-2021 school year provided measures are in place to limit the spread of COVID-19. To this end, for the 2020- 2021 school year, **St. Albert the Great School** has developed and implemented its plan to limit or reduce the spread of COVID-19 by attending school and school activities in accordance with the guidance issued by our State and local departments of public health.

However, it is imperative that you understand that even with this plan in place, **St. Albert the Great School** cannot guarantee that your student will not contract COVID-19 as there are no known measures at this time to completely eliminate the possibility of infection. As a result, attending school and/or participating in any school activities exposes your child and/or your child(ren) to risk of contracting COVID-19. **St. Albert the Great School** has developed on online learning option for students who do not wish to take any such risk.

PARENT/STUDENT AGREEMENT TO ADHERE TO COVID PROTOCOLS

I/we acknowledge and agree that:

1. I am aware of and have been offered the school's online learning option;
2. I will read and agree to follow the school's COVID19 procedures and will review them with my child(ren);
3. I will notify the principal if my/our child(ren) or anyone living in my home has contracted COVID19 and I will self-quarantine my child(ren) if I determine he/she has been exposed to COVID19;
4. Each day before school and before any school activity, I will make certain my child is not ill, not displaying any COVID-19 symptoms, will check his/her temperature to ensure he/she does not have a fever of 100.4 or higher and I will not send my child(ren) to school or to any school activity if he/she/they are not feeling well, display any COVID-19 symptoms, or have a fever of 100.4 or higher;
5. I will notify the principal if my child(ren) has/have any medical condition that make him/her/them more vulnerable to contracting COVID-19 and will work with the treating medical provider and our school principal to determine what accommodations, if any, to the school's COVID19 procedures may be provided to reduce the threat of harm to my child(ren);
6. School staff have the discretion to determine whether a student is ill by asking him/her how he/she is feeling and taking his/her body temperature, or potentially contagious, and whether it is in the best interests of the student, other students and school staff, to mandate that your child(ren) be picked up from school at the time of that determination and that you will immediately pick your child(ren) up from school upon receiving such notice;
7. If I keep my child(ren) home because he/she/they are not feeling well, displays symptoms of COVID19, has been exposed to someone with COVID-19 or my child

is sent home because he/she is displaying COVID-19 symptoms, he/she may return to school and school activities after being released by my treating medical provider or in accordance with the then prevailing guidance of our State and local health department.

8. I/we will notify the school principal if my/our child(ren) or anyone in our household travels to or has traveled to a state or country experiencing widespread or ongoing community spread of COVID19 and will self-quarantine for 14-days.

ACKNOWLEDGEMENT OF AND ASSUMPTION OF RISK

I acknowledge that sending my child(ren) to school for in-person instruction and/or to participate in school activities involves certain risks due to the COVID pandemic may pose a threat to the safety of my child(ren). I expressly acknowledge the due to the contagious nature of COVID-19, my child(ren) may be exposed to and/or contract COVID-19 by attending school, and/or by participating in school activities, and that, if infected, the risks include personal injury, illness, permanent disability, and death despite the school's implementation of and adherence to its COVID procedures as there are no known processes to eliminate all risk of spread or infection. I hereby assume all risk of my child(ren) attending school, and/or by participating in school activities, and take responsibility for all such risk and any injury or damage that I and/or my minor child(ren) may suffer as a result of attending school and/or participating in school activities. I acknowledge that, despite the aforementioned risks, I will review the school's COVID protocols with my child(ren) and adhere to all school COVID protocols stated herein and that may change from time to time.

WAIVER OF LIABILITY

To the fullest extent permitted by law, I further agree on behalf of myself and my child(ren) and my heirs, executors, agents, successors and assigns, hereby agree to waive, relinquish, release, defend, indemnify, hold harmless and covenant not to sue the **St. Albert the Great School,** and the Catholic Bishop of Chicago, an Illinois corporation sole, and their employees, volunteers, agents, representatives, insurers, attorneys, successors and assigns ("Indemnitees") from and against any and all claims, charges, demands, suits, and causes of action, whether known or unknown, past, present or future, including, but not limited to, any and all costs, expenses, and attorneys' fees, by reason of any injury, illness or death, and damage or loss to person or property, or any other harm to myself or to any person or property, whether caused by negligence or for any other reason arising out of, in connection with, or in any manner related to attendance at school or participation in school activities, including but not limited to any claims of negligent exposure.

BY MY SIGNATURE BELOW, I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENTS AND FREELY AND VOLUNTARILY AGREE TO ADHERE TO THE COVID PROTOCOLS, ACKNOWLEDGE AND ASSUME THE RISKS, AND ACCEPT THE WAIVER OF LIABILITY.

Parent/Legal Guardian Printed Names:_____

Parent/Legal Guardian Signatures:_____

Date:_____