

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT RELATING TO CORONAVIRUS/COVID-19

I acknowledge, understand, and agree to the following conditions as part of my child's participation in Student Leadership Johns Creek (SLJC) 2021-2022:

1. I am aware of the highly contagious nature of the novel Coronavirus/COVID-19 (the "Disease") and the risk that my child may be exposed to or contract the Disease, despite my own efforts and the efforts of SLJC. I also understand and acknowledge that such exposure or infection may result in illness, personal injury, permanent disability, death, or property damages.
2. I understand that SLJC has taken steps to implement recommended guidance, protocols, and procedures issued by public health agencies, including the Centers for Disease Control and Prevention ("CDC") and the Fulton County Department of Health.
3. I understand and agree that my child will not participate in any of the Program's in-person activities if they or any person living in our household: (1) is currently experiencing symptoms of the Disease, including but not limited to, fever of 100.4 degrees Fahrenheit or higher, cough, shortness of breath, chills, loss of taste or smell, sore throat, muscle aches, or any other symptoms recognized by the CDC; or (2) has a suspected or diagnosed/confirmed case of the Disease.
4. I understand that, while SLJC has implemented preventative measures to reduce the spread of the Disease, Student Leadership Johns Creek cannot guarantee that my child will not become infected with the Disease because of their participation in the Program. I understand that no list of restrictions, guidelines, or practices will remove all the risks of exposure to the Disease, whether in connection with their participation in the Program or otherwise. Notwithstanding the risks associated with the Disease, I acknowledge that my child is voluntarily choosing to participate in the Program.
5. I, for child, and on behalf of my assigns, heirs, successors or agents, hereby agree to accept and assume any and all risks associated with my child's participation in the Program and accept sole responsibility for any injury to themselves, including but not limited, to personal injury, illness, disability, death, property damage, damage, loss, claim, liability, or expense of any kind (including attorney's fees), that they may suffer arising out of or in connection with becoming exposed to or infected by the Disease because of my child's participation in the Program.
6. I, for my child, and on behalf of my assigns, heirs, successors or agents, hereby expressly waive and release any and all claims, now known or hereafter known, against SLJC, and its parents, officers, directors, employees, agents, affiliates, volunteers, representatives, successors and assigns (collectively, "Releases") on account of personal

injury, illness, disability, death, property damage, damage, loss, claim, liability, or expense of any kind (including attorney's fees), that my child may suffer arising out of or in connection with becoming exposed to or infected by the Disease because of their participation in the Program, and forever release and discharge Student Leadership Johns Creek and all other Releases from liability under such claims. I understand and agree that this release includes any claims whether a Disease infection occurs before, during, or after participation in the Program.

7. This agreement is binding on and shall inure to the benefit of SLJC, my child, and our respective successors and assigns. If any portion of this agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I HAVE CAREFULLY READ, FULLY UNDERSTAND, AND VOLUNTARILY SIGN THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT RELATING TO CORONAVIRUS/COVID-19 AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY SIGNING THIS AGREEMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS AS STATED HEREIN.

SLJC Student Name: _____ (Please Print)

Parent Name: _____ (Please Print)

Parent Signature: _____

Date: _____