

**Yuma Elementary School District One  
COVID-19 Waiver, Release, and Assumption of Risk Form**

The novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Nevertheless, the State of Arizona has elected to reopen schools for the 2021/2022 school year. Although Yuma Elementary School District One (the "District") has put in place protective measures to reduce the spread of COVID-19, the District cannot guarantee that your child will not become infected with COVID-19. Your child's physical attendance at school, together with other students, inherently increases the risk that your child, you, and/or your household members will contract COVID-19, notwithstanding any precautions taken by the District or school.

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On behalf of myself, my household members, and my minor child, \_\_\_\_\_, I acknowledge the extremely contagious nature of COVID-19 and specifically assume all risks and hazards associated with my child's in-person school attendance during the COVID-19 pandemic. I acknowledge that by attending class in person, my child will be associating with staff and other children and may acquire COVID-19 notwithstanding any precautions taken by the school. I acknowledge that the school cannot absolutely control the conduct of its students, guarantee that they or their parents will follow safety protocols and procedures, or prevent infected students from attending and potentially spreading COVID-19 to my child, directly or indirectly.

I further acknowledge that my child's physical attendance at a District school is wholly voluntary. By permitting my child to attend school during the COVID-19 pandemic, I voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me and members of my household.

I certify that my child is in good health and has no fever. (A temperature of 100.4 degrees Fahrenheit or higher is considered a fever.) I understand that symptoms of COVID-19 include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea. I certify that my child currently has none of these symptoms, and I will prevent my child from physically attending school if my child develops any of these symptoms or any other symptoms of illness, whether or not I believe it's related to COVID-19. I will also notify the school and not permit my child to attend if my child tests positive for COVID-19. My child and I will follow all COVID-19 protocols and procedures adopted by the District or school.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, the District, its insurers, the District's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, or death that may occur to my child, me, or my household members as a result of the COVID-19 pandemic.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members as a result of the COVID-19 pandemic.

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Dear parents and guardians,

Attached please find a form entitled, **COVID-19 Parental Acknowledgement and Disclosure**. It is important that you read it carefully, sign it, and return it to us before the start of school.

At a time when so much misinformation is circulating, we want you to clearly understand your responsibilities—and our objectives—when it comes to the safety of your child and our teachers, administrators, and staff.

While the form may seem long and detailed, the messages are those you've heard before:

- **You must take your child's temperature every day before school. (A temperature of 100.4 degrees Fahrenheit or higher is considered a fever.)**
- **If your child is sick, they must stay home.**
- **For safety reasons, parents and guardians will not be allowed on campus past the drop-off area unless there is an emergency.**
- **If your child comes into contact with someone who may have COVID-19, or who tests positive for COVID-19, you must let us know.**

The form also confirms the school's and district's intent to:

- **Monitor students for symptoms that could indicate a coronavirus infection, and if they do show symptoms, to call you right away to pick them up and take them home.**
- **Remain aware of changes in Centers for Disease Control (CDC) guidelines, and to follow the guidance of the CDC, the county health department, and the Arizona Department of Health Services.**

Thank you for being our trusted partner and for helping us stay vigilant against this very serious illness.

Sincerely,

James Sheldahl

James Sheldahl  
Superintendent

**Yuma Elementary School District One  
COVID-19 Parental Acknowledgment and Disclosure**

Each statement below should be read and initialed by either a parent or the child's guardian.  
**Signature by a parent or the child's guardian is required.**

1. \_\_\_\_\_ I understand that during this COVID-19 public health emergency, I will NOT be permitted to enter the facility/school beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present at the facility/school and to limit to the extent possible everyone's risk of exposure.
2. \_\_\_\_\_ I understand that it is my responsibility to inform other members of my household of the information contained herein.
3. \_\_\_\_\_ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST wash my hands and wear a mask before entering. While in the facility, I will practice social distancing and remain 6 feet from all other people, except for my own child.
4. \_\_\_\_\_ I understand that in order to attend school, my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear, my child will be separated from the rest of the class and moved to a supervised, secure area. I will be contacted, and my child MUST be picked up within 1 hour of being notified.

Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- Chills
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Any other symptom of illness, whether or not you believe it's related to COVID-19

While the District understands that many of these symptoms can also be due to non-COVID-19-related issues, we must proceed with an abundance of caution during this public health emergency.

Symptoms typically appear two to seven days after being infected. Your child will need to be symptom-free, without any medication, for 72 hours before returning to school.

5. \_\_\_\_\_ I understand that as the parent/guardian, I will need to take my child's temperature prior to coming to school. I understand that, as the parent/guardian, I must also conduct daily self-screening of my child for symptoms prior to the child arriving at school.
6. \_\_\_\_\_ I understand that my child will be required to wash their hands throughout the day using CDC-recommended handwashing procedures.
7. \_\_\_\_\_ I understand that my child must wear a face covering throughout the day according to the protocols established by the District.
8. \_\_\_\_\_ I will immediately notify the Site Point of Contact if I become aware that my child has had close contact with any individual who has been diagnosed with COVID-19. The CDC defines "close contact" as being within 6 feet of an infected person for at least 15 minutes starting from two days before illness onset (or, for asymptomatic patients, two days prior to specimen collection) until the time the patient is isolated.
9. \_\_\_\_\_ The Site/District will continue to follow the guidelines of both the CDC and state and local officials. As changes occur, parents and guardians will be notified. The Site Point of Contact will contact the Arizona Department of Health Services if any staff member or student contracts COVID-19 to help make crucial decisions on next steps.
10. \_\_\_\_\_ I understand that, while present at school each day, my child will be in contact with children and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove the risk of exposure to COVID-19. I understand that the members of my family play a crucial role in keeping everyone at school safe and reducing the risk of exposure by following the practices outlined herein.

I, \_\_\_\_\_, certify that I have read, understand, and agree to comply with the provisions listed herein.

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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