

**RELEASE AND WAIVER OF LIABILITY
CORONAVIRUS**

Provider Name

Provider Location

Child's Last Name

Child's First Name

Child's Date of Birth

Parent/Guardian's Last Name

Parent/Guardian's First Name

Relationship to Child

I, the above named Parent/Guardian, for myself and on behalf of the above named Child (the "Child"), and for all of our personal representatives, agents, assigns, executors, heirs, and next of kin:

1. Acknowledge that: (i) the coronavirus, commonly known as "Covid-19", is a worldwide pandemic and is extremely contagious and dangerous; (ii) although the above named Provider may introduce preventative measures intended to reduce the risk of spreading Covid-19, the Provider cannot and does not guarantee that the above named Child or I will not become infected with Covid-19; and (iii) the Child's attendance at the Provider's location may increase the chance I or the above named Child will become infected.
2. By signing this Release, I assume the risk that I and my Child may become infected with Covid-19 at the Provider's location, and hereby forever release and discharge the Provider and Cincinnati Promise, LLC, an Ohio non-profit limited liability company ("CPP"), and each such party's owners, licensees, managers, members, agents, officers, employees, contractors, volunteers, agents, successors, and assigns from all liability, claims, demands, losses, costs, fees (including attorneys' fees) or damages of any kind, including without limitation, sickness, injury, or death, related in any way to Covid-19 or any other illness.
3. I have read this entire agreement and understand its terms and that I have given up and waived substantial rights. I have signed this agreement voluntarily and freely without inducement, duress, or any assurances of any nature. I intend this agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent's Signature

Date: _____