

**Natomas Homeschool Alliance**  
**COVID-19 Parental Acknowledgment and Disclosure**

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

1. \_\_\_\_\_ I understand that during this COVID-19 public health emergency, everyone entering an NHA campus must abide by all mitigation protocols required by NHA policy, charter contract, or host facility policy.
  
2. \_\_\_\_\_ I understand that it is my responsibility to inform other members of my household of the information contained herein.
  
3. \_\_\_\_\_ I understand that by sending my child to class, I self-attest that my child is free from COVID-19 symptoms and has had no known exposure to COVID-19 in the last 14 days. I understand that if, during the day, Covid-19 symptoms appear, my child will be separated from the rest of the class and I will be contacted to pick up my child.

While NHA understands that many Covid-19 symptoms can also be due to non-COVID-19-related issues, we must proceed with an abundance of caution during this public health emergency. Please make NHA aware in advance of any known conditions such as seasonal allergies. Students with symptoms can only be on campus if a healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition (e.g., allergies or asthma) OR a healthcare provider has confirmed an alternative named diagnosis which explains symptoms.

4. \_\_\_\_\_ I understand that current protocols require my child, and all staff, volunteers, and visitors to wear a face covering inside throughout the day except when eating lunch.
  
5. \_\_\_\_\_ I will immediately notify NHA if my child becomes symptomatic or is diagnosed with COVID 19 within two days of attending classes.
  
6. \_\_\_\_\_ I understand that NHA will continue to follow guidelines required by NHA's contracts with the charter schools. As changes occur, parents and guardians will be notified.
  
7. \_\_\_\_\_ I understand that, while present at NHA classes, my child will be in contact with children, staff, volunteers, and visitors and all are at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove the risk of exposure to COVID-19.

**COVID-19 Waiver, Release, and Assumption of Risk**

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.

Nevertheless, the State of California has elected to reopen schools for the 2021/2022 school year. Although the Natomas Homeschool Alliance (“NHA”) has put in place protective measures to reduce the spread of COVID-19, NHA cannot guarantee that your child(ren) will not become infected with COVID-19. Your child(ren)’s physical attendance at NHA, together with other students and staff, inherently increases the risk that your child(ren), you, and/or your household members will contract COVID-19, notwithstanding any precautions taken by NHA, our host facilities, employees, volunteers, and contractors.

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On behalf of myself, my household members, and my minor child(ren), I acknowledge the extremely contagious nature of COVID-19 and specifically assume all risks and hazards associated with my child(ren)’s in-person attendance during the COVID-19 pandemic. I acknowledge that by attending class in person, my child(ren) will be associating with staff and other children and may acquire COVID-19 notwithstanding any precautions taken by NHA. I acknowledge that NHA 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(ren), directly or indirectly.

I further acknowledge that my child(ren)’s physical attendance at NHA classes or activities is wholly voluntary. By permitting my child(ren) to attend classes 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 class 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 NHA and not permit my child to attend if my child tests positive for COVID-19. My child(ren) and I will follow all COVID-19 protocols and procedures adopted by NHA while at NHA host facilities.

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 NHA, its host facilities, its insurers, governing board, and all of their respective employees, contractors, 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(ren), 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(ren), or my household members as a result of the COVID-19 pandemic.

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

Child(ren)’s Name(s): \_\_\_\_\_

DOB(s): \_\_\_\_\_

Parent’s Name: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

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