5824 Berkley Drive
New Orleans, LA 70131
(504) 394-8781
www.wcnola.org
alice@wcnola.org

COVID-19 RELEASE AND WAIVER OF CLAIMS

The undersigned, in my capacity as parent or legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of the Early Learning Center of Woodland Church ("Program"), as well as any time my child is out in the public.

As such, and in consideration for preschool services to be provided by the Early Learning Center of Woodland Church, the undersigned, for my minor children enrolled in the Program **fully assume all of the risks associated with participation in the Program, including the possibility of COVID-19 (or the novel coronavirus) community spread and any related complications.**

I**, AS PARENT AND / OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING THE EARLY LEARNING CENTER OF WOODLAND CHURCH, WOODLAND CHURCH, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND / OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.**

I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren).

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING THE EARLY LEARNING CENTER OF WOODLAND CHURCH, WOODLAND CHURCH, AND THE OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS OF EACH FROM THE CLAIMS.

_____	_____	_____
Parent Name	Parent Signature	Date

Child(ren)'s Names:

_____

_____

_____

_____