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### **COVID-19 Release of Liability and Waiver of Claims Agreement (“Release”)**

**Please read this agreement thoroughly, as it discusses the potential risks of placing your child(ren) in the care of Great River Montessori Inc. during the current public health crisis.**

I, 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, such as; long term effects on an individual’s heart, lung and brain and other health effects, known and unknown, including a possibility of death. I recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of Great River Montessori Inc. (GRM).

As such, and in consideration for educational services, child care and supervision to be provided by Great River Montessori Inc., I, the undersigned, for myself, my minor children enrolled in Great River Montessori Inc., and others I live with 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 the known and unknown risks associated with COVID-19.

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 Great River Montessori Inc. and its officers, directors, employees and volunteers from any and all liability, damages, and each and every action collectively, (“claims”) by participating in and/or associated with placing my child(ren) in the care of Great River Montessori, including, but not limited to, exposure or transmission of the COVID-19 virus.

I, as parent and/or legal guardian, have read and fully understand and acknowledge the COVID-19 Response Letter protocol and policies set forth by Great River Montessori Inc. I agree to follow these policies and understand that GRM reserves the right to change/update as needed and I agree to continue abiding by all current and updated COVID-19 policies set forth by Great River Montessori Inc.

I understand that if my child(ren), myself, or others that I live with require medical treatment, even if I suspect that the medical treatment is required due to some exposure to a contagion while my child was in the care of Great River Montessori, I agree to be financially responsible for the cost of such treatment. I am aware Great River Montessori does not provide health

insurance for my child(ren), myself, or others that I live with and I should carry my own health insurance.

Should any part of this agreement be declared invalid by a court of valid jurisdiction the remaining provisions of this agreement shall remain in full force and effect.

**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 GREAT RIVER MONTESSORI INC. AND ITS OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM ANY CLAIMS AND WAIVE THE RIGHT TO FINANCIAL RECOVERY FOR HARM, RELATED TO THE COVID-19 PANDEMIC, SUFFERED AS A RESULT OF MY CHILD(REN) BEING IN THE CARE OF GREAT RIVER MONTESSORI INC., TO THE FULLEST EXTENT OF THE LAW.**

\_\_\_\_\_  
Parent and/or Guardian Name (First and Last)

\_\_\_\_\_  
Parent and/or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent and/or Guardian (First and Last)

\_\_\_\_\_  
Parent and/or Guardian Signature

\_\_\_\_\_  
Date

Enrolled Child(ren) Names (First and Last):

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