

STUDENT COVID FORM

Please complete both sides of this form and return to
info@compassacademynetwork.org



PARENTAL ACKNOWLEDGMENT OF COVID-19 OBLIGATIONS, DISCLOSURE OF MITIGATION MEASURES, AND LIABILITY RELEASE

Compass Academy Network Inc. ("CAN") will, to the maximum extent practicable, follow CDC guidelines regarding the mitigation of COVID-19 risk in a school setting and may adopt additional or different protocols to further reduce the risk. By attending the Program, you are acknowledging COVID-19 is still being transmitted in the community and that no mitigation measure is completely effective in preventing transmission. I therefore acknowledge my obligations and hold CAN harmless as set out below.

Your Obligations. As a parent, guardian, or student, you (or your student) have the obligation to stay home and not attend the program if any of the following is true.

- You have experienced a fever of more than 100 degrees at any point in the last three days;
- You have experienced any respiratory symptoms (coughing, difficulty breathing, shortness of breath);
- You have had other symptoms consistent with COVID-19 (chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat);
- You have traveled by air to a metropolitan area where there is significant community spread in the past 14 days; or
- You (or anyone in your household) has been exposed to any individual presumed or confirmed to be positive for COVID-19.

You also have the obligation to abide by all COVID-19 safety protocols of CAN in force, which may be updated from time to time, and while participating in or being transported to and from the Program.

Liability Release. I understand that COVID-19 is a serious illness that can cause long-term impairment or death. I understand that my child's participation in the program may increase the risk of exposure and infection of COVID-19, and I hereby acknowledge, accept, and assume all risk of such COVID-19 risks for myself and my family, associated with my child's participation in the Program. I hold harmless CAN and each of its directors or employees for and from any damage whatsoever arising from any COVID-19 risks, including personal injury, illness, death, or any injury arising directly or indirectly from COVID-19 Risks.

Student Name (Print): _____

Parent (Guardian) Name: _____

Parent (Guardian) Signature: _____ Date: _____

Mailing Address PO Box:2427 | Joplin, MO 64803 | 417.501.2840 | compassacademynetwork.org

Compass Academy Network admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admissions policies, and other school-administered programs.

STUDENT PERMISSION FORM

Event/Program: October 2nd, 2021 Quarterly Meetup

STUDENT INFORMATION

Student Name: _____ Current Grade: _____

Parent (Guardian) Name: _____

Address: _____

Cell: _____ Email: _____

ADDITIONAL EMERGENCY CONTACT

Name: _____ Phone: _____

Relationship to student: _____

Name: _____ Phone: _____

Relationship to student: _____

PARTICIPATION WAIVER

I _____ understand that neither Compass Academy Network, Inc., nor its teachers, officers, representatives or other employees ("Released Parties") are responsible for any injuries or accidents, whether to person, or property, including those that may occur at the event, as well as during transportation to, and from, the event, and I covenant not to sue the Released Parties for any claims, causes, of actions, or other relief related to the event. I hereby assume all risks, whether foreseeable, or not foreseeable, and release and waive from liability the Released Parties for any injuries or accidents that may occur. This waiver includes any negligent or careless acts on behalf of the Released Parties. I also agree to indemnify, and hold harmless, the Released Parties from any and all liabilities, claims, losses, damages, costs and expenses (including attorney's fees) for personal injury, sickness or death, as well as property damages and expenses, arising from, or related to, the event.

Parent (Guardian) Signature: _____ Date: _____

Liability Release In consideration for my child being permitted to participate in the CAN program, I, on my own behalf and on behalf of my child and his or her other representatives, waive, discharge and covenant not to sue CAN or its directors, officers, employees, members and agents ("Releasees") from all liability for any loss or damage on account of injury to person or property while my child is participating in any program affiliated with CAN, without respect to location. I further expressly agree that the foregoing waiver is intended to be as broad and inclusive as may be permitted by applicable law.

Parent (Guardian) Signature: _____ Date: _____

Media Release I hereby agree to the use of my child's image, likeness and/or voice in any print, audio, video, Internet, digital or electronic marketing and/or informal materials developed by or on behalf of the Compass Academy Network. My child's image or voice may be used in whole or part, in original or modified form, alone or in conjunction with other voices, visual material, artwork, and/or written material. On behalf of the child, I hereby assign all rights of copyright of such material to the Compass Academy Network and releases the Compass Academy Network from any liability arising out of such use.

Parent (Guardian) Signature: _____ Date: _____

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