

Harrisburg Area Homeschoolers Association (HAHA)
COVID-19 Liability Waiver

I hereby agree as follows:

1. I expressly agree to accept and assume all risks associated with COVID-19 related to my child's participation in HAHA field trips and classes. I have elected to allow my child to participate in the field trip and/or class despite the risks of COVID-19. I recognize that this decision is purely voluntary.
2. I understand that HAHA may modify and/or cancel a Program as a result of COVID-19 issues or may be directed to modify and/or cancel a Program by government authorities.
3. I represent to HAHA or will represent to HAHA prior to presenting my child for participation in the Program that, to my knowledge, my child (a) has not been diagnosed with COVID-19, (b) has not been exposed to a person presumed or confirmed to have COVID-19 within the fourteen days preceding my child's participation in the Program, and (c) is free of any signs and symptoms of COVID-19 (which may include a fever, a dry cough, excessive fatigue, shortness of breath). I represent I will notify HAHA of any change in my child's medical status that occurs prior to the start date of the term OR during the term for which he/she is registered.
4. I hereby voluntarily release, waive, and forever discharge any and all claims against HAHA, its board of directors, officers, volunteers and all other persons or entities affiliated with HAHA or acting on its behalf that relate in any way to COVID-19, including but not limited to any claim arising from or relating to my child's exposure to, infection with, or other harm related to COVID-19 while participating in the program and/or following participation in the program, and also including harm related to my child's spread of COVID-19 to me and/or others including family members.

By signing this agreement I expressly state that I have had sufficient opportunity to read it in its entirety. I further certify that I have read and understood it, and I agree to be bound by its terms.

Signature of Parent / Legal Guardian _____

Date _____
