



Waiver of Liability Relating to Coronavirus/COVID-19

Oak Hill School cannot prevent you [or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while utilizing Oak Hill School's programs or premises. Therefore, if you choose to utilize Oak Hill School's programs and/or enter onto Oak Hill School's premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize Oak Hill School's programs and enter Oak Hill School's premises. These services are of such value to me [and/or to my children,] that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Oak Hill School's programs and premises in person.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Oak Hill School and its trustees, directors, volunteers, managers, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Oak Hill School's programs and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Oregon will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

I am the parent or legal guardian of the minor named above, and have the legal right to consent to and, by signing below, hereby agree to the terms and conditions of this Release.

Signing below confirms that you have read the medical waiver, that you understand it, and that you agree to be bound by it.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.