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### **COVID-19 HEALTH & SAFETY WAIVER**

I acknowledge the contagious nature of the Coronavirus/COVID-19.

I further acknowledge that Miss Janet's Sunshine Schoolhouse (MJSS) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge MJSS cannot guarantee that I or my children will not become infected with the Coronavirus/Covid-19.

I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, center staff, and other center children and their families.

I voluntarily seek services provided by MJSS and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19.

I acknowledge that I must comply with all set procedures to reduce the spread while dropping off and picking up my child. This also applies to all staff who enter the building.

I hereby release and agree to MJSS harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the center, or that may otherwise arise in any way in connection with any services received from MJSS.

I understand that this release discharges MJSS from any liability or claim that I, my heirs, or any personal representatives may have against the center with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from MJSS.

This liability waiver and release extends to the center together with all owners, partners, and employees.

I have read the provided links to **DCF Guidance for New Jersey Child Care Facilities On COVID-19 Related Health and Safety Requirements**, as well as the **NJ Department of Health Guidance on the Contact of a Close or Casual Contact of a Confirmed or Suspected Case of COVID-19**.

Name of child: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date