

**TRINITY ACADEMY HARTFORD, INC**  
**CORONAVIRUS/COVID-19**  
**ASSUMPTION OF THE RISK, WAIVER AND HOLD**  
**HARMLESS AGREEMENT**

IN CONSIDERATION of the Student named below being allowed to attend Trinity Academy Hartford, Inc., (“Trinity Academy”) for the 2020-2021 School Year, the undersigned parent/legal guardian, acknowledges, appreciates, and agrees that:

1. There is a global pandemic of novel coronavirus disease (“COVID-19”), that COVID-19 is present in the community, and that COVID-19 is a highly infectious virus that can cause serious illness, injury and even death.
2. There is an inherent risk of exposure to COVID-19 and/or serious infection, personal injury, or death in any place, including Trinity Academy, where people are present, and such risk is impossible to fully eliminate.
3. Trinity Academy is enforcing protocols and making its best efforts to reduce the risk of transmission of COVID-19, but risks from exposure to Covid-19 may not be possible to entirely mitigate.
4. It is also my responsibility to help mitigate community spread of COVID-19 and other infectious respiratory diseases, including but not limited to influenza, measles, tuberculosis, and Severe Acute Respiratory Syndrome (“SARS”).
5. Myself, Student, and any other persons living in the same household as the Student must comply at all times with all public health guidance and directives issued by local, state, or federal officials, including but not limited to guidance issued by the U.S. Centers for Disease Control, Executive Orders issued by the Governor of Connecticut, and rules established by the City of Hartford, including, but not limited to, social distancing, frequent hand-washing and the wearing of masks. If I am not familiar with these procedures, I will ask the Principal for copies of applicable guidance and directives.

**THEREFORE**, in consideration of Student using the facilities, property, or equipment owned or controlled by Trinity Academy and/or Trinity Episcopal Church, the undersigned, for myself, my spouse, my child, and on behalf of my heirs, assigns, personal representatives, next of kin and any persons living in the same household as Student, hereby agree as follows :

1. To assume all risks related to exposure to COVID-19, including the transmission of Covid-19 to any person inside the household or outside the household.
2. To release and hold harmless Trinity Academy’s and Trinity Episcopal Church’s employees, staff members, Board of Directors, ministry, officers, officials, agents, volunteers, or any other participants for any claim, illness or injury related to Covid-19.

3. In the event the Student, parent/guardian or any person living in the same household as the Student fails to comply with any of the terms of this agreement, Trinity Academy shall have the sole discretion to bar the Student from the facility for such period of time as is necessary to protect the health and safety of Trinity Academy.
4. The Student, parent/guardian further agrees that he or she SHALL NOT enter Trinity Academy if:
  - a) The Student, parent/guardian or any person living in the same household as the Student has been diagnosed with COVID-19 or any other infectious respiratory disease, until such time that a physician determines the Student is no longer at risk of spreading such disease to others.
  - b) In the previous fourteen (14) days, the Student has experienced any symptom of COVID-19 or any other infectious respiratory disease. Such symptoms include but are not limited to fever, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, or diarrhea.
  - c) In the previous fourteen (14) days, the Student has come into close contact with a person who is known to be infected with, or is suspected to be infected with, COVID-19 or any other infectious respiratory disease.
  - d) In the previous fourteen (14) days, a member of the Student's household has been infected with, or is suspected to have been infected with, COVID-19 or any other infectious respiratory disease.
  - e) The Student, parent/guardian or person living in the same household as Student, has traveled internationally within the last 14 days or traveled to a highly impacted area within the United States of America in the last 14 days as determined by an Executive Order of the Governor of Connecticut.

**ADDITIONALLY**, Trinity Academy and Trinity Episcopal Church will mandate a fourteen (14) day shut down if:

- a) Trinity Academy and Trinity Episcopal Church employees, staff members, Board of Directors, ministry, officers, officials, agents, volunteers, students, or any other persons inside the building either tests positive for Covid-19 OR comes in contact with someone who tests positive for Covid-19.

**AND** students and building members may only return to school with a Doctor's note stating that it is safe for them to return OR have a proven negative Covid-19 test. Admission back into the building, after a fourteen (14) day mandated shut down, will only be permitted WITH A DOCTOR'S NOTE OR A NEGATIVE COVID-19 TEST.

I, parent/guardian, assert that I have explained to Student the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child understands this agreement.

**Name of Student (Please Print)**

\_\_\_\_\_

X

\_\_\_\_\_

Parent/Legal Guardian

Print Name: \_\_\_\_\_