

Atlanta Public Schools Dual Enrollment COVID-19 Waiver

- I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.
- I further acknowledge that Atlanta Public Schools has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.
- I further acknowledge that Atlanta Public Schools cannot guarantee that I will not become infected with the Coronavirus/Covid-19.
- By participating in this program, I am voluntarily assuming the risk that I may be exposed to COVID-19 and that such exposure could cause serious illness, disability or even death. I am voluntarily participating Dual Enrollment via my college/university of choice and acknowledge that I may be increasing my risk of exposure to the Coronavirus/COVID-19.
- I acknowledge that I may be required to comply with procedures to reduce the spread of the Coronavirus/COVID-19 during my participation in the Dual Enrollment Program, and if I fail to comply with any required procedures, I may forfeit the right to participate in the Dual Enrollment Program.
- I will contact my school counselor, principal and Dual Enrollment Point of Contact within 48 hours if I begin experiencing any of the following symptoms of illness: cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. I also agree to notify my school counselor, principal and Dual Enrollment Point of Contact if any of the following apply:
 - *I traveled internationally within the last 14 days.
 - *I believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
 - *I have been diagnosed with Coronavirus/Covid-19 and have not been cleared to return to the Dual Enrollment Program by my Dual Enrollment Point of Contact.
- I agree to make every effort to follow all CDC and college/university recommended guidelines and limit my exposure to the Coronavirus/COVID-19.

By entering the premises of any Dual Enrollment Program, I waive all civil liability against the premises owner and operator for any injuries caused by the inherent risk associated with contracting COVID-19 at public gatherings, except for gross negligence, willful and wanton misconduct, reckless infliction of harm, or intentional infliction of harm, by the individual or entity of the premises. By entering an APS building or other Dual Enrollment Program site, including my college/university of choice, I am agreeing to release, covenant not to sue, discharge, and hold harmless APS and its employees, agents, and representatives from any liabilities, claims, actions, damages, or costs of any kind related to my potential exposure to COVID-19.

Parent Signature

Date

Student Signature

Date