

MY Learning Center Liability Waiver Form

In consideration of being allowed to participate and/or return to MY Learning Center located at 554 E. Foothill Blvd., San Dimas, CA 91773 and all events and activities, the undersigned acknowledges and agrees that:

Parent/Legal Guardian Name: _____

Child Name: _____

_____ The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including, but not limited to COVID-19 or other medical conditions, diseases does exist, and is impossible to eliminate the risk that I, or my child become infected through contact with or close proximity with an individual with a communicable disease.

_____ I attest to verify that my child has full knowledge of the risks involved with activities held at MY Learning Center while he/she attends. My child is physically fit, healthy and sufficiently trained to participate at MY Learning Center. To the best of my knowledge, my child does not have any diseases or injuries that would medically prohibit him/her from participating at MY Learning Center.

_____ ACKNOWLEDGMENT BY PARENT AND/OR LEGAL GUARDIAN OF STUDENT/PARTICIPANT: By acknowledging and agreeing with initials, I agree to verify the following: 1) I am the parent or legal guardian for the student/participant associated with MY Learning Center, 2) that as a parent/legal guardian with legal responsibility for this student/participant, I consent and agree to assume the risks of his/her participation in all programs at MY Learning Center.

_____ I do hereby release and forever discharge MY Learning Center, its instructors, directors, owners, and employees from any responsibility or liability for recurrence of any pre-existing, any undisclosed injury or illness, or any personal injury or property damage sustained by my child during or because of participation.

_____ By agreeing to this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending MY Learning Center and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at MY Learning Center may result from the actions, omissions, or negligence of myself and others, including, but not limited to MY learning Center employees, instructors, directors, owners, participants and their families.

Parent Signature: _____ Date: _____