



**JULIUS R. SCRUGGS CHILD DEVELOPMENT CENTER & ACADEMY
RELEASE AND WAIVER OF CLAIMS (“Release”)**

I, _____, the undersigned parent or legal guardian, do hereby release the Julius R. Scruggs Child Development Center and Academy (JRS-CDCA) and the First Missionary Baptist Church, Inc. (FMBC), including all of its affiliated entities, its pastor, its officers and deacons, and its staff, and its volunteers or designees, from any and all liability which might result from any personal injury claims or cause of action which might result directly or indirectly from my minor child(ren)’s participation in the summer program which may be conducted under the supervision or direction of the First Missionary Baptist Church, Inc.

Also, in my capacity as parent or legal guardian of _____, a minor child, I hereby acknowledge that I understand the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of the Julius R. Scruggs Child Development Center & Academy’s (JRS-CDCA) summer program (“Program”). I am aware that the JRS-CDCA has put in place preventative measures to reduce the spread of COVID-19; however, the JRS-CDCA cannot guarantee that my child will not become infected with COVID-19. As such, and in consideration for child care services to be provided by the JRS-CDCA, the undersigned, for myself and my minor child(ren) enrolled in the Program fully assumes all of the risks associated with participation in the Program, including the possibility of COVID-19 (or the novel coronavirus) community spread.

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING THE JRS-CDCA AND ITS OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, “CLAIMS”) BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren).

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING THE JRS-CDCA AND ITS OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM THE CLAIMS.

Parent Name

Parent Signature

Date