New Hackensack Nursery School (NHNS)
1580 Route 376
Wappingers Falls, NY 12590

NHNS COVID-19 Waiver of Liability

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 New Hackensack Nursery School (NHNS), governed by the New Hackensack Reformed Church (NHRC), has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I understand that NHNS/NHRC cannot guarantee that my child will not become infected with the Coronavirus/COVID-19. I acknowledge 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, NHNS/NHRC staff, visitors, and their families.

I voluntarily seek services provided by NHNS/NHRC, and acknowledge that I may be increasing the risk of exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures adopted by the school in an effort to reduce the likelihood of exposure and/or spread of Coronavirus/COVID-19.

I hereby release and agree to hold NHNS/NHRC harmless from, and waive on behalf of myself, my heirs, and my personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation damage or loss to myself and/or property that may be caused by any act, or failure to act of the school, or that may otherwise arise an any way in connection with any services provided by NHNS/NHRC. I understand that this release discharges NHNS/NHRC from any liability or claim that I, my heirs, or any personal representatives may have against NHNS/NHRC 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 NHNS/NHRC. This liability waiver and release extends to NHNS/NHRC together with all participants and employees.

Signature:	
Name (please print):	
Name of NHNS Student(s):	
Address:	
Date:	