

Franklin County Extended School Program Waiver Form

1.802.6 - Administrative Procedure

Acknowledgement Risk

By signing this form, I, _____ (Parent/
Guardian Name), hereby understand and give my permission for
_____ (Child's Name) to enroll and participate
in Franklin County School District's Extended School Program. I release and hold
harmless Franklin County School District and _____ School,
ESP personnel and the participating staff from any and all liability for personal injury
or illness.

Covid-19 Warning and Disclaimer

Coronavirus is an extremely dangerous and contagious virus that has spread
throughout our community. Federal and state representatives recommend social
distancing and regular screenings to help prevent further spreading of this virus.
Once exposed, coronavirus can lead to severe illness, personal injury, permanent
disability, and death. Participating in ESP at _____ School
could increase the risk of contracting the virus. Franklin County School District in no
way guarantees that the COVID-19 infection will NOT occur through participation
in ESP.

Parent/ Guardian Signature: _____

Date: _____

Waiver Not To Sue

I/we understand the possibility of unforeseen hazards and know the inherent
possibility of risk. I/we believe that the subject of this release is physically and
mentally capable of taking reasonable precautions to protect his/her own safety and
has the maturity and judgment not to put themselves or others in dangerous
situations. I/we agree to not hold either the Franklin County School District or
_____ School, its leaders, employees, and staff liable for
damages, losses, diseases, or injuries incurred by the subject.

Parent/ Guardian Signature: _____

Date: _____