



## STILLWATERS LEARNING ACADEMY COVID-19 DISCLAIMER AND INDEMNITY



I, \_\_\_\_\_ (*full name and surname*), I.D  
NUMBER \_\_\_\_\_ being the Parent/guardian of  
\_\_\_\_\_ recognizes and understand that the COVID-19  
pandemic has created an unusual and unprecedented risk to all persons, which could result in  
serious ill-health or death, and that I should make an informed decision and expressly consent to  
and accept the risks attendant on my, my child's or family member attending the school's  
premises which other learners, staff and parents will attend.

I therefore hereby indemnify, hold harmless and absolve the Administrator, her staff and the  
school governing body against and from any or all claims whatsoever that may arise in connection  
with any loss, injury or damages arising out of any person contracting the COVID-19 virus during  
the course of and tenure of my child's attendance as a learner at STILL WATERS LEARNING  
ACADEMY, disclaiming any entitlement which I, my child or any other person may otherwise have  
had, to make claims for such loss, injury or damages, but for the terms hereof. I fully understand  
and accept that contact with any person attending the school shall be undertaken at the risk of  
such person, in the knowledge however, that the Administrator and her staff will, nevertheless,  
continue to take the same reasonable precautions for the safety and welfare of my child as  
previously obtained.

### **In addition, I agree and undertake that:**

1. I and my son/daughter will adhere to all policies that the School has put in place with regard to COVID-19.
2. I and my son/daughter have not been in an infected area during the last two weeks.
3. My son/daughter does not have any **pre-existing medical conditions** that might place him/her in a high risk category. If he/she does, I have consulted the family doctor and taken all precautions as advised by him and disclosed the same to the school authorities.
4. The school is not responsible for my son/daughter's health in regard or related to the Virus.
5. My son/daughter will be kept at home if he shows any symptoms of COVID-19, or is otherwise unwell or sick. These symptoms include, but are not limited to, **cough, fever, tiredness,**

**sore throat, runny nose, shortness of breath, diarrhea, headache, loss of taste or smell, rash or chest pain.**

- 6. I will inform the school immediately if my son/daughter is sick or if anyone else in the household has been infected with COVID-19. In this event, our family will undertake to quarantine the entire family for 14 days.
- 7. I will inform the school immediately, if my son/daughter or if anyone else in the household has been in contact with anyone who has been tested positive. In this event, our family will undertake to quarantine the entire family for 14 days.
- 8. In order to ensure the safety of all son/daughter and staff at this school, I will provide my son/daughter with the required number of masks and hand sanitizer and explain to him/her that the mask needs to be worn at all times when he/she is at school.
- 9. I confirm that before my son/daughter returns to school I will teach my son/daughter how to put the mask on and take it off and how to wear it properly.
- 10. My son/daughter is proficient in the use of his/her masks.
- 11. My son/daughter's clothing and masks will be washed daily.
- 12. I will educate my son/daughter about social distancing and its importance.

**THUS DONE and SIGNED by the INDEMNITOR at**

.....**On this the .....day of .....**  
**20.....**

**PARENT/GUARDIAN Signature:.....**

**AS WITNESSES: 1. ....**

**2. ....**