

COVID-19 WAIVER

This COVID-19 Waiver (the “Waiver”) executed on the date written below by the **Parent/Guardian and Dominion Academy, LLC**, a Virginia limited liability company, and **CPC Holdings/Dominion Youth Services, LLC**, a Virginia corporation (collectively, “DYS”).

I, the Parent, desire for my child to attend Dominion Academy/TEC and recognize that there are certain risks associated with attending a residential school like Dominion Academy/TEC due to the COVID-19 Pandemic and the potential for the transmission of COVID-19 (the “Virus”). I hereby freely and voluntarily, without duress, execute this Waiver under the following terms and conditions:

- 1. Assumption of the Risk.** I, the Parent, understand the contagious nature of the Virus and that there is an inherent risk of exposure to the Virus in attending a school like Dominion Academy/TEC. I voluntarily assume the risk that my child and I may be exposed to or infected by the Virus by my child attending Dominion Academy/TEC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I voluntarily agree to assume all of the other risks and accept sole responsibility for any harm to my child or myself caused by exposure to the Virus (including, but not limited to, personal injury, disability, and death) and for any liability, damage, loss, claim, or expense of whatever kind or nature, including attorney’s fees, related thereto (collectively, “Claims”).
- 2. Release.** I, the Parent, hereby release and forever discharge the DYS officers, directors, employees, agents and contractors (collectively, the “DYS Parties”) from any Claims. I understand and acknowledge that this Release discharges the DYS Parties from any claim that I, the Parent, may have against DYS concerning any bodily injury, illness, death, or property damage that may occur to me or my child in connection with the Virus.
- 3. Hold Harmless.** I hereby covenant not to sue and agree to defend, indemnify, and hold the DYS Parties harmless from any Claims asserted by me or by my child against DYS.
- 4. Other.** I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia and that this Waiver shall be governed by and interpreted following the laws of the Commonwealth of Virginia. I agree that if any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such term or provision shall not otherwise affect the remaining provisions of the Waiver, which shall continue to be enforceable.

Printed name of Child

Signature of Parent

Signature of Parent

Printed Name

Printed Name

Date: _____

Date: _____

Please return this signed acknowledgement to the school prior to your child’s first day back on campus