

Lake Pointe Academy

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Student(s) Name (s) _____ Grade level(s) (_____)

Additional: _____ (_____) _____ (_____)

Additional: _____ (_____) _____ (_____)

In consideration of my minor child or ward being allowed to participate in any way in any related events and activities of Lake Pointe Academy, a ministry of Lake Pointe Family Ministries of the Carolinas, Inc., a 501(c)3 non-profit organization, I the undersigned parent or legal guardian, acknowledge and agree that:

By signing this agreement, I acknowledge that I am the parent or legal guardian for the child named above and have legal responsibility for him or her. I acknowledge that by participating in ministry-related and School activities along with other participants, there are certain risks to my child arising from or related to exposure to communicable diseases, including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2), which is responsible for the "Coronavirus" causing the infectious disease known as "COVID-19" and/or any mutation or variation thereof (collectively referred to as "Communicable Diseases"). I knowingly and voluntarily assume full responsibility for any and all risks of personal injury, death, or other loss that my child or ward may sustain in connection with such Communicable Diseases.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury or harm to my child or myself and I give up my right to bring claims including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child may experience or incur in connection with my child's attendance or participation in classes or any other activities at Lake Pointe Academy. On my behalf, and on behalf of my child, my heirs, beneficiaries, assigns, administrators, executors and personal representatives; I hereby expressly release, hold harmless, and forever discharge Lake Pointe Academy, its officers, officials, agents, representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Lake Pointe Academy, business partners and their personnel, its employees, visitors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Lake Pointe Academy program or activity.

Parent Name (print please) _____ Date _____

Parent Signature _____