



LIABILITY WAIVER

Carefree Church and Carefree Kids have put precautions in place to reduce the spread of COVID-19; however, the Church cannot guarantee that you or your family, including your child(ren), will not become exposed to or infected with COVID-19. Further, because of the number of individuals involved in Carefree Kids and the fact that many infected individuals appear to be asymptomatic, attending the services could increase your and your child(ren)'s risk of contracting COVID-19.

By signing this waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19. I also acknowledge that by attending Carefree Kids Services, such exposure or infection may result in personal injury, illness, disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Carefree Kids may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Ministry employees, contractors, volunteers, members, and participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Carefree Church or participation in Carefree Kids services ("Claims"). On my behalf, and on behalf of my children, I hereby release, not to sue, discharge, and hold harmless Carefree Church, its employees, agents, and 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 Carefree Church, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program.

Printed Name of Parents/Guardian _____

Signature of Parents/Guardian _____

Date Signed: _____

First and Last Name of Child(ren):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____